


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002831
1. Entity Name
**CHRISTIAN WOMEN INTERDENOMINATIONAL
MINISTRIES, INC.**



Principal Place of Business 6250 COLLEGE BLVD PENSACOLA, FL 32504	Mailing Address P O BOX 1564 PENSACOLA, FL 32597
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03152006 No Chg-NP CRZE037 (1/05)

4. FEI Number 59-3635965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TISDALE, SYLVIA E
6250 COLLEGE BLVD
PENSACOLA, FL 32504**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: registered agent signature required when necessary) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	PD TISDALE, SYLVIA E 6250 COLLEGE BLVD PENSACOLA, FL 32504
OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	SD YELDER, PARAZINE 116 E BOBE PENSACOLA, FL 32503
OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	T HETHINGTON, CHRISTINE 7861 CASTLEGATE DR. PENSACOLA, FL 32514
OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	
OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	

U00000475754
04/05/06-80028-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Sylvia E. Tisdale **3-16-06** **(850) 572-5761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #