

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
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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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3635965	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TISDALE, SYLVIA E
6250 COLLEGE BLVD
PENSACOLA, FL 32504**

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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03/30/07-80094-015 70.00

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia E Tisdale 3/13/07 (850) 572-5761

Date

Daytime Phone #