


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000002831	
1. Entity Name <b>CHRISTIAN WOMEN INTERDENOMINATIONAL MINISTRIES, INC.</b>	

Principal Place of Business <b>6250 COLLEGE BLVD PENSACOLA, FL 32504</b>	Mailing Address <b>P O BOX 1564 PENSACOLA, FL 32597</b>
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000899098 04/28/08-80025-006 70.00</b>
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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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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:** Sylvia Tisdale 4/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #