


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001164		
1. Entity Name AUDREY R. MAXWELL MINISTRIES/GOD'S WOMAN DEVELOPMENTAL INSTITUTE, INC.		
Principal Place of Business 1107 NW 6TH ST FT LAUDERDALE, FL 33311	Mailing Address 1107 NW 6TH ST FT LAUDERDALE, FL 33311	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAXWELL, AUDREY R 9760 PALMA VISTA WAY BOCA RATON, FL 33428	
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02172005 No Chg-NP		CR2E037 (10/03)
4. FEI Number 81-0620480	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, ANDREY R 9760 PALMA VISTA WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ZHENEE 4791 NW 14TH ST LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, TEMPEST 540 NW 4TH AVE #2409 FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, LACLESHIA 1633 NW 8-TH AVE #F MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELFAR, YALONDA 2760 SUMMERSET DR #5416 FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLORY, BESSIE 2925 NW 5TH STREET FT LAUDERDALE, FL 33311

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03/04/05-80012-013 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tempest Maxwell - Directors 2-28-05 (854) 779-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #