

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 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

Mailing Address

1107 NW 6TH ST
FT LAUDERDALE FL 33311

1107 NW 6TH ST
FT LAUDERDALE FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0620480

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, AUDREY R
9760 PALMA VISTA WAY
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete
NAME: MAXWELL, ANDREY R
STREET ADDRESS: 9760 PALMA VISTA WAY
CITY-STATE-ZIP: BOCA RATON FL 33428

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition
000000735758
05/10/07-80046-014 70.00

TITLE: D ☐ Delete
NAME: THOMPSON, ZHENEE
STREET ADDRESS: 10648 VERSAILLES BLVD.
CITY-STATE-ZIP: WELLINGTON FL 33467

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: MAXWELL, TEMPEST
STREET ADDRESS: 540 NW 4TH AVE #2409
CITY-STATE-ZIP: FT LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: GREGORY, LACLEASHA
STREET ADDRESS: 1633 NW 8-TH AVE #F
CITY-STATE-ZIP: MARGATE FL 33063

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: TELFAIR, YALONDA
STREET ADDRESS: 1107 NW 6TH STREET
CITY-STATE-ZIP: FT LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: MALLORY, BESSIE
STREET ADDRESS: 2925 NW 5TH STREET
CITY-STATE-ZIP: FT LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Audrey R. Maxwell

Audrey R. Maxwell

4/23/07 954 779-2593