

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001164

FILED
May 08, 2009
Secretary of State

Entity Name: AUDREY R. MAXWELL MINISTRIES/GOD'S WOMAN DEVELOPMENTAL INSTITUTE, INC.

Current Principal Place of Business:

1107 NW 6TH ST
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1107 NW 6TH ST
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 81-0620480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXWELL, AUDREY R
1107 N. W. 6TH STREET
FT. LAUDERDAE, FL 33311 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXWELL, ANDREY R
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

Title: D () Delete
Name: THOMPSON, ZHENEE
Address: 10648 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467

Title: D () Delete
Name: MAXWELL, TEMPEST
Address: 540 NW 4TH AVE #2409
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: GREGORY, LACLEASHA
Address: 1633 NW 8-TH AVE #F
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: MALLORY, BESSIE
Address: 2925 NW 5TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY MAXWELL

PRES

05/08/2009

Electronic Signature of Signing Officer or Director

Date