

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003012**

1. Entity Name  
**WOMEN IN THE MINISTRY NETWORK, INC.**



Principal Place of Business  
**3466 OLD DIXIE HWY.  
BOYNTON BCH, FL 33435**

Mailing Address  
**P.O. BOX 1573  
BOYNTON BCH, FL 33435**



02132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2331035**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DARVILLE, ANNIE  
516 NW 5TH ST.  
BOYNTON BCH, FL 33435**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

1000000655235  
03/13/07-80099-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NP  
DARVILLE, ANNIE  
516 NW 5TH ST.  
BOYNTON BCH, FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HARREL, ANNETT  
391 NE 28TH CTRD.  
BOYNTON BEACH, FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BUTLER, KATHERINE  
232 NW 5TH AVE  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WILLIAMS, DORIS  
14120 NESTING WAY  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Katherine Butler*  
**2.28.07**