

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004181

FILED
Apr 30, 2004
Secretary of State**Entity Name:** FEMALES ON A MISSION, INC.**Current Principal Place of Business:**2880 W. OAKLAND PK BLVD
FORT LAUDERDALE, FL 33311**New Principal Place of Business:**2880 W. OAKLAND PK BLVD
125
FORT LAUDERDALE, FL 33311**Current Mailing Address:**2880 W. OAKLAND PK BLVD
FORT LAUDERDALE, FL 33311**New Mailing Address:**2880 W. OAKLAND PK BLVD
125
FORT LAUDERDALE, FL 33311**FEI Number:** 65-1112540**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVIS, KENNY M
2880 W. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311**Name and Address of New Registered Agent:**

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: DP () Delete
Name: WILLIAMS, PATRICIA
Address: 3811 NW 28 ST
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VD () Delete
Name: STANLEY, MERCEDA
Address: 2400 NW 26 ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: STD () Delete
Name: DAVIS, KENNY M
Address: 7160 NW 47 PL
City-St-Zip: LAUDERHILL, FL 33319

Title: M () Delete
Name: WILLIAMS, JAY M
Address: 1528 NW 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

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: CB (X) Change () Addition
Name: WILLIAMS, LEVOYD
Address: 3369 NW 21 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: M () Change (X) Addition
Name: HUDSON, JAMES
Address: 3012 SW 11 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA WILLIAMS

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date