

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005146

FILED  
May 01, 2004  
Secretary of State

**Entity Name:** CALL FOR THE MOURNING WOMEN MINISTRIES, INC.

**Current Principal Place of Business:**

1541 W 33 STREET  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1541 W 33 STREET  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 65-1139463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JARRETT, OLIVE V  
1541 W 33RD ST  
WEST PALM BEACH, FL 33404 US

**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: PD ( ) Delete  
Name: JARRETT, OLIVE V  
Address: 1541 W 33 STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: SHWERS, JANIE  
Address: 509 ABRAHAM AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: CUFF, PATRICIA  
Address: 1621 QUAIL DR #201  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SHIVERS, JANIE  
Address: 5701 ELMWOOD AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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: OLIVE V JARRETT

PD

05/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date