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 Mailing Address: New Mailing Address: 1541 W 33 STREET RIVIERA BEACH, FL 33404 FEI Number: 65-1139463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARRETT, OLIVE V 1541 W 33RD ST WEST PALM BEACH, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR. Title: PD () Delete Name: JARRETT, OLIVE V Address: Address: Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33407 Title: D () Delete Name: SHIVERS, JANIE Address: 5701 ELIM/WOOD AVE City-St-Zip: WEST PALM BEACH, FL 33407 Title: D () Delete Title: () Change () Addition Name: SHIVERS, JANIE Address: 5701 ELIM/WOOD AVE City-St-Zip: WEST PALM BEACH, FL 33407 Title: D () Delete Title: () Change () Addition Name: CUFF, PATRICIA Name: CUFF, PATRICIA Name: CUFF, PATRICIA Address: 1621 QUAIL DR #201							
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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