2002 UNIFORM BUSINESS REPORT (UBR)

1.

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-29-2002 90021 028 ****70.00

DOCUMENT # N01000005208

1. Entity Name

CHRISTIAN WOMEN'S COALITION, INC.

Principal Place of Business	Mailing Address
3293 NE 106 ST. ANTHONY FL 32617	PO BOX 1221 ANTHONY FL 32617

16955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 926
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ocala FL
Zip / Country	Zip: 34478 / Country: USA

4. FEI Number: 59-3732934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, CHARLANA M 3293 NE 106 ST. ANTHONY FL 32617	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE: Charlana Kelly — 1/7/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charlana Kelly PO Box 1221 ANTHONY, FL 32617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carolyn Vairo 1238 SE 19th St Ocala FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Tim Gilligan 4741 SW 20 St Ocala FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice President~~ Trustee Charles Kelly PO Box 1221 ANTHONY FL 32617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Jane Hillman PO Box 16298 Tampa FL 33687	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED — 1/7/2002 — (352) 867-0238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #