2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N01000005208

Entity Name: CHRISTIAN WOMEN'S COALITION, INC.

Current Principal Place of Business:

3293 NE 106 ST.
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

PO BOX 926
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3732934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KELLY, CHARLANA M
3293 NE 106 ST.
ANTHONY, FL 32617 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: P ( ) Delete
Name: KELLY, CHARLANA
Address: P.O BOX 122
City-St-Zip: ANTHONY, FL 32617

Title: S ( ) Delete
Name: BULLINGTON, JOHN
Address: 4741 SW 20TH ST
City-St-Zip: OCALA, FL 34474

Title: T (X) Delete
Name: GILLIGAN, TIM
Address: 4741 SW 20 STREET
City-St-Zip: OCALA, FL 34474

Title: T (X) Delete
Name: KELLY, CHARLES
Address: P.O BOX 1221
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KELLY, CHARLANA
Address: P.O BOX 122
City-St-Zip: ANTHONY, FL 32617 US

Title: S (X) Change ( ) Addition
Name: KELLY, CHARLES E
Address: PO BOX 1221
City-St-Zip: ANTHONY, FL 32617 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLANA KELLY PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date