

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008916

FILED
Apr 11, 2007
Secretary of State

Entity Name: WOMEN RESTORATION & DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

1289 W 35 ST
RIVIERA BCH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1289 W 35 ST
RIVIERA BCH, FL 33404

New Mailing Address:

FEI Number: 01-0569736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LONIE L
1289 W 35 ST
RIVIERA BCH, 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: ED () Delete
Name: JONES, LONIE L
Address: 1289 W 35 ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: DP () Delete
Name: JONES, ANDREW J
Address: 2925 NW 4TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: JONES, JACK, JR BISHOP
Address: 296 CAMERON RD
City-St-Zip: SYLVANIA, GA 30467

Title: CEFO () Delete
Name: BURGESS, MWALIMU, DAVID R DR.
Address: 992 COURSE RIDGE DRIVE
City-St-Zip: LITHONIA, GA 30058

Title: S () Delete
Name: STUBBS, LANESSA
Address: 1547 W 26 CT APT B
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: WESTERMAN, YVONNE
Address: 4377 JUNIPER TERRACE
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: S (X) Change () Addition
Name: JONES, MARQUIS R
Address: 4141 NW 26 STREET APT 115
City-St-Zip: LAUDERHILL, FL 33313

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 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: LONIE L. JONES

ED

04/11/2007

Electronic Signature of Signing Officer or Director

Date