

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008916

FILED
Sep 28, 2012
Secretary of State

Entity Name: WOMEN RESTORATION & DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

612 NW 6TH STREET
POMPANO BCH, FL 33060

New Principal Place of Business:

Current Mailing Address:

2925 NW 4TH STREET
FT LAUDERDALE, FL 33311

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:

LINDSEY, LONIE M
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
Name: LINDSEY, LONIE M
Address: 1289 W 35 ST
City-St-Zip: RIVIERA BCH, FL 33404

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

Title: D
Name: PATRICK, BERNICE
Address: 138 RAMBLEWOOD DR
City-St-Zip: COLUMBIA, SC 29209

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

Title: S
Name: POTTS, LAVATER
Address: 612 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: COLBERT, ANGELA
Address: 1289 WEST 35 TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby 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 all other like empowered.

SIGNATURE: ANDREW J JONES

PD

09/28/2012

Electronic Signature of Signing Officer or Director

Date