

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000744

FILED
Apr 28, 2005
Secretary of State

Entity Name: BLACK WOMEN OF ESSENCE, INC.

Current Principal Place of Business:

1568 WOODWIND DRIVE
APOPKA, FL 32703

New Principal Place of Business:

12207 HILLWOOD DRIVE
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 681835
ORLANDO, FL 32868 US

New Mailing Address:

P.O. BOX 471001
LAKE MONROE, FL 32747 US

FEI Number: 01-0584372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIS, RENEE G
1568 WOODWIND DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

ELLIS, RENEE G
12207 HILLWOOD DRIVE
SANFORD, FL 32771 US

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: RENEE G. ELLIS

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELLIS, RENEE G
Address: 1568 WOODWIND DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: DV () Delete
Name: JEAN-BAPTISTE, MAGGIE
Address: 4420 MARTIN'S WAY , APT G
City-St-Zip: ORLANDO, FL 32808 US

Title: DS () Delete
Name: BARLOW, CHERYL
Address: 7347 LAWN TENNIS LANE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: T (X) Delete
Name: DAVIS, DELORA
Address: 245 CUSTER AVENUE
City-St-Zip: EVANSTON, IL 60202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELLIS, RENEE G
Address: P.O. BOX 471001
City-St-Zip: LAKE MONROE, FL 32747 US

Title: DS (X) Change () Addition
Name: HERRELL, MARGOT L
Address: P.O. BOX 358
City-St-Zip: REDAN, GA 30074 US

Title: DT (X) Change () Addition
Name: SCOTT, NATASHA B
Address: P.O. BOX 471001
City-St-Zip: LAKE MONROE, FL 32747 US

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 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: RENEE G. ELLIS

DP

04/28/2005

Electronic Signature of Signing Officer or Director

Date