

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000744

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: BLACK WOMEN OF ESSENCE, INC.

## Current Principal Place of Business:

2042 E. GLORIA DRIVE  
DELTONA, FL 32725

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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  
2042 E. GLORIA DRIVE  
DELTONA, FL 32725 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: DP ( ) Delete  
Name: ELLIS, RENEE G  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

Title: DS ( ) Delete  
Name: HERRELL, MARGOT L  
Address: PO BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

Title: DT ( ) Delete  
Name: BRYANT, MELISSA L  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: SHIRER, TAMARA  
Address: PO BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

Title: D (X) Change ( ) Addition  
Name: PERMINT, MACKENZIE  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

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: RENEE G ELLIS

DP

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date