2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
04-25-2003 90248 036 ****61.25

55041438

DOCUMENT # N02000001287

1. Entity Name
SPIRITUAL TOUCH CHRISTIAN WOMEN INC

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
8840 DORAL OAKS DR. #2013 TAMPA FL 33617 US	8840 DORAL OAKS DR. #2013 TAMPA FL 33617 US

2. Principal Place of Business	3. Mailing Address
2212 E Idlewild Ave Suite, Apt. #, etc.	2212 E Idlewild Ave Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33610 Country: Hillsborough	Zip: 33610 Country: Hillsborough

4. FEI Number: 37-1421486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, MARTHA G
8840 DORAL OAKS DR.
2013
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Martha G. Watson Martha G. Watson 04-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WATSON, MARTHA G MIN 8840 DORAL OAKS DR #2013 TAMPA FL 33617	☐ Delete	P WATSON, MARTHA G. MIN 2212 - IDLEWILD AVE TAMPA, FL 33610	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICE, CONSUELA SIS 5010 S. 87TH STREET TAMPA FL 33619	☑ Delete	V GRIMES, PRISCILLA A 2212 - IDLEWILD AVE TAMPA, FL 33610	☑ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STUBBS, MATRICIA SIS 6716 ELM COURT TAMPA FL 33610	☐ Delete	T McClary, Alfreddia 1613 E Home Street Tampa, FL 33609	☐ Change ☑ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, LACONYA SIS 12531 DAWN VISTA DR RIVERVIEW FL 33569	☑ Delete	I Stubb, Priscilla 10024 Hyacinth Tampa, FL 33603	☑ Change ☑ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha G. Watson Martha G. Watson 01-21-03 813-2378377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #