

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005509

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** STRONG WOMEN OF GOD, INC.

**Current Principal Place of Business:**

550 FRANKLIN ST.  
BALDWIN, FL 32234

**New Principal Place of Business:**

**Current Mailing Address:**

550 FRANKLIN ST.  
BALDWIN, FL 32234

**New Mailing Address:**

**FEI Number:** 06-1655117      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RILEY, LARRY  
550 FRANKLIN ST.  
BALDWIN, FL 32234      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CUMMINS, CHRISTINE  
Address: 4371 BOYKINS LANE  
City-St-Zip: BALDWIN, FL 32234

Title: D      ( ) Delete  
Name: RILEY, LARRY D  
Address: 167 S BLVD W  
City-St-Zip: MACCLENNEY, FL 32063

Title: D      ( ) Delete  
Name: RILEY, CYNTHIA  
Address: 167 S BLVD W  
City-St-Zip: MACCLENNEY, FL 32063

Title: D      ( ) Delete  
Name: BROWN, EDNA  
Address: 546 MARTIN STREET  
City-St-Zip: BALDWIN, FL 32234

Title: D      ( ) Delete  
Name: GUNTER, ORA LEE  
Address: 878 LAFAYETTE STREET  
City-St-Zip: BALDWIN, FL 32234

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

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: LARRY RILEY

D

05/03/2009

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

\_\_\_\_\_  
Date