

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006239

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** WOMEN HELPING WOMEN OUTREACH DELIVERANEE MINISTRY, INC.

**Current Principal Place of Business:**

5515 SILVERDALE AVE  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

5515 SILVERDALE AVE  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 16-1633272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GARNER, CHARLOTTE J  
5515 SILVERDALE AVE  
JACKSONVILLE, FL 32209      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: DP      ( ) Delete  
Name: GARNER, CHARLOTTE J  
Address: 5515 SILVERDALE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DT      ( ) Delete  
Name: GARNER, BERRY  
Address: 5515 SILVERDALE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS      ( ) Delete  
Name: JENKINS, MONTEMUS  
Address: 5515 SILVERDALE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

**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:

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: CHARLOTTE GARNER

DP

09/05/2007

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

\_\_\_\_\_  
Date