

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90004 038 ****70.00

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1. Entity Name
GENESIS WOMEN MINISTRY, INC.



Principal Place of Business
**5201 NORTHWEST 21ST COURT
LAUDERHILL, FL 33313-5528**

Mailing Address
**P.O. BOX 1472
FORT LAUDERDALE, FL 33302**

64000410



DO NOT WRITE IN THIS SPACE

08202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1198744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, PATRICIA L
5202 NORTHWEST 21ST COURT., APT 1
LAUDERHILL, FL 33313**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALKER, PATRICIA L
STREET ADDRESS	5202 NORTHWEST 21ST COURT., APT 1
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VT
NAME	SMITH, ANGELA
STREET ADDRESS	17300 NORTHWEST 68TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	S
NAME	BROOKS, OLLIE MAE
STREET ADDRESS	5090 NORTHWEST 39TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	V <i>Correction: Last Name</i>
NAME	JACKSON, MALICIA <i>SACKSON, Malicia</i>
STREET ADDRESS	260 SW 29TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Patricia L. Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04
Date

954-730-3668
Daytime Phone #