

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

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 012 ****61.25

DOCUMENT # *100200000 6305*

1. Entity Name

Genesis Women Ministry



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5201 NW 21st Ct #1

3. Mailing Address

P.O. Box 1472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50061666

DO NOT WRITE IN THIS SPACE

City & State

Lauderhill, FL

City & State

Fort Lauderdale

4. FEI Number

65-1196744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Pat Walker

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

5201 NW 21st Ct #1

Lauderhill, FL

City

FL

Zip Code

33313

**DO NOT WRITE
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

Patricia Walker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/05

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Patricia Walker President 5201 NW 21st Ct #1 Lauderhill, FL 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Patricia Jackson Vice Pres 260 SW 24th Ave Apt. 146 Director Ft Laud. FL 33302</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Angela Smith Asst. Director 708 SW 8th St. & Trenchard Davie, FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Olivia Brooks Secretary 5090 NW 34th St Lauderdale Lakes, FL 33319</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor Jerome Brooks Board 5090 NW 34th St advisors Lauderdale Lakes, FL 33319</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bernard & Betty Briscoe 17300 NW 68th Ave Miami, FL 33319</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Walker - Patricia Walker

8/2/05 954-730-7668

CR2E037B (12/02)