

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006400

FILED
Apr 28, 2004
Secretary of State

Entity Name: WOMEN OF CHRIST IN ACTION MINISTRIES, INC.

Current Principal Place of Business:

5021 N W 17TH STREET
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5021 N W 17TH STREET
FORT LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 76-0725845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, IVORY
3571 NW 2ND STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: P () Delete
Name: EDWARDS, FAY
Address: 5021 N W 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: V () Delete
Name: MILLER, ALICE
Address: 5021 N W 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: SD () Delete
Name: WHITE, JANICE
Address: 5021 N W 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: TD () Delete
Name: JOHNSON, LORNA
Address: 5021 N W 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D () Delete
Name: HENRIQUES, ENID
Address: 5021 N.W. 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33313

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 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 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: FAY EDWARDS

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date