

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90002 001 \*\*\*\*61.25

**DOCUMENT # N02000007442**

1. Entity Name

**GROUND BREAKERS WOMEN MINISTERS ASSOCIATION, INC.**



Principal Place of Business

**4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

Mailing Address

**4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

**34037330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

**59-3526922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCELVEEN, BELINDA  
4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD  
NAME MCELVEEN, BELINDA PASTOR ☐ Delete  
STREET ADDRESS 4636 SOUTH MOON TRAIL  
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE VPD  
NAME PLUMP, BETTY PASTOR ☒ Delete  
STREET ADDRESS 320 S. CAROLINE STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE VD  
NAME RIDDICK, LEAH C ☐ Delete  
STREET ADDRESS 1059 MASON AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE SD  
NAME FUQUA, MURIEL ☐ Delete  
STREET ADDRESS 412 ARLETHA DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE SD  
NAME STAFFORD, INEZ ☐ Delete  
STREET ADDRESS 1048 AUDRY DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D  
NAME MITCHELL, PAULINE PASTOR ☒ Delete  
STREET ADDRESS 12 BRIDGEHAVEN DRIVE  
CITY-ST-ZIP PALM COAST FL 32137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME Simmons, Cherry Pastor ☐ Change ☒ Addition  
STREET ADDRESS 601 Bellevue Ave.  
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Praderes, Isis Pastor ☐ Change ☒ Addition  
STREET ADDRESS 3 Crow Court  
CITY-ST-ZIP Palm Coast, FL 32137

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Belinda A. McElveen* **Belinda A. McElveen** 5/1/04 (386) 383-6898