

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007911

1. Entity Name
WOMEN OF FREEDOM MINISTRY, INCORPORATED



Principal Place of Business
**5606 N. NEBRASKA AVENUE
TAMPA, FL 33604**

Mailing Address
**P.O. BOX 15186
TAMPA, FL 33684**

FILED

04 SEP -9 PM 2:54

SECRETARY OF STATE
FLORIDA



09022004 No Chg-NP

CR2E037 (10/03)

JK

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4. FEI Number
01-0748504

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, ELIZABETH A
10743 GLEN ELLEN DRIVE
TAMPA, FL 33624**

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ELIZABETH A 5606 N NEBRASKA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEBERT, CLESTINE 5606 N. NEBRASKA AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, BARBARA 5606 N. NEBRASKA AVENUE TAMPA, FL 33604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100040976211
09/13/04--01008--001 **350.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Jackson
Elizabeth Jackson

9/1/04

(813) 231-2973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #