


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90049 046 ****61.25

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|---|--|---|---|---|--|
| DOCUMENT # N02000009771 1. Entity Name WOMEN AT THE WELL MINISTRIES, INC. | | | |  | |
| Principal Place of Business POST OFFICE BOX 694035 MIAMI, FL 33269-4035 | | | Mailing Address POST OFFICE BOX 694035 MIAMI, FL 33269-4035 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address POST OFFICE BOX 694035 Suite, Apt. #, etc. | | |
| City & State | | | City & State MIAMI FLORIDA | | |
| Zip 33269-4035 | | Country USA | | 4. FEI Number 32-0084268 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HOFFMAN, ARLENE J 16311 SW 103 STREET MIAMI, FL 33196 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D NAME HOFFMAN, ARLENE J STREET ADDRESS POST OFFICE BOX 694035 CITY-ST-ZIP MIAMI, FL 332694035 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BATHER, DORIS STREET ADDRESS 1001 NORTHWEST 153RD STREET CITY-ST-ZIP MIAMI, FL 33169 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE TD NAME BROWN, SHARON STREET ADDRESS 13734 NORTHWEST 20TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME HOFFMAN, JOHN R STREET ADDRESS 16311 SOUTHWEST 103RD STREET CITY-ST-ZIP MIAMI, FL 33196 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME LEE, DENISE STREET ADDRESS 7754 MIRAMAR BOULEVARD CITY-ST-ZIP MIRAMAR, FL 33023 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE BEVERLEY C. CARBY NAME 20311 NW 4TH AVENUE STREET ADDRESS MIAMI, FLORIDA 33169 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 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: Arlene J Hoffman, Director, 4/17/04 305 387-7260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |