

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009771

FILED
Jan 25, 2005
Secretary of State

Entity Name: WOMEN AT THE WELL MINISTRIES, INC.

Current Principal Place of Business:

POST OFFICE BOX 694035
MIAMI, FL 332694035

New Principal Place of Business:

Current Mailing Address:
POST OFFICE BOX 694035
MIAMI, FL 332694035

New Mailing Address:

FEI Number: 32-0084268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, ARLENE J
16311 SW 103 STREET
MIAMI, FL 33196 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: D () Delete
Name: HOFFMAN, ARLENE J
Address: POST OFFICE BOX 694035
City-St-Zip: MIAMI, FL 332694035

Title: D () Delete
Name: CARBY, BEVERLY C
Address: 20311 NW 4TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: BROWN, SHARON
Address: 13734 NORTHWEST 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: HOFFMAN, JOHN R
Address: 16311 SOUTHWEST 103RD STREET
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: LEE, DENISE
Address: 7754 MIRAMAR BOULEVARD
City-St-Zip: MIRAMAR, FL 33023

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 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: JOHN R HOFFMAN

VD

01/25/2005

Electronic Signature of Signing Officer or Director

Date