

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009771

FILED
Mar 20, 2009
Secretary of State

Entity Name: WOMEN AT THE WELL MINISTRIES, INC.

Current Principal Place of Business:

16311 SW 103 STREET
MIAMI, FL 33196

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 (X)

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: P () Delete
Name: HOFFMAN, ARLENE J
Address: 16311 SW 103RD ST
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: WEBB, WILLIE A
Address: 20542 NW 10 AVE
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: GOROSTOLA, CLAUDIA
Address: 4330 HILLCREST DR APT 908
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: HASANDRAS, HEATHER H
Address: 125 VANORZAMORA AVE APT 301
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GONZALEZ, MAYDA L
Address: 17419 SW 115TH AVE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: WEBB, ROSEMONDE M
Address: 20542 NW 10 AVE
City-St-Zip: MIAMI, FL 33169

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:

Title: VP (X) Change () Addition
Name: WEBB, ROSEMONDE
Address: 20542 NW 10 AVE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARLENE J. HOFFMAN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date