

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90339 043 ****61.25

DOCUMENT # N03000000984

1. Entity Name

WISE WOMEN MINISTRY, INC.



Principal Place of Business

1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

Mailing Address

1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address

P.O. Box 3876

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Lakeland, FL

City & State

City & State

Zip

Country

Zip

Country

33802

Folk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, CYNTHIA V
1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

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, 2005

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	P	COX, CYNTHIA V	<input type="checkbox"/> Delete
NAME		1017 GRIFFIN RD., APT. #108 W	
STREET ADDRESS		LAKELAND FL 33805	
CITY-ST-ZIP			
TITLE	TS	BYRD, LAWANNA D	<input type="checkbox"/> Delete
NAME		PO BOX 3876	
STREET ADDRESS		LAKELAND FL 33802	
CITY-ST-ZIP			
TITLE	TT	DILWORTH, SHAWN E	<input type="checkbox"/> Delete
NAME		1017 GRIFFIN RD., APT. 108W	
STREET ADDRESS		LAKELAND FL 33805	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Cynthia Cox
CYNTHIA COX

4-20-05

863-688-7971

Date

Daytime Phone #