

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003101

FILED
Mar 07, 2009
Secretary of State

Entity Name: CENTER FOR CHRISTIAN WOMEN'S SPIRITUALITY, INC.

Current Principal Place of Business:

5151 LAKE HOWELL RD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5151 LAKE HOWELL RD
WINTER PARK, FL 32792

New Mailing Address:

PO BOX 951225
LAKE MARY, FL 32795

FEI Number: 61-1427824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALLISTER-WALTHER, AILEEN
5151 LAKE HOWELL RD
WINTER PARK, FL 32792 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: PALLISTER-WALTHER, AILEEN
Address: 753 CREEKWATER TERRACE #101
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: NORONHA, WANDA
Address: 515 NANTUCKET CT., #204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: WILLIAMS, KAREN
Address: 12206 WINDERMERE CROSSING CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: ZAORSKI, ELIZABETH S
Address: 732 GRAND RESERVE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PALLISTER-WALTHER, AILEEN
Address: 7106 STONEBROOK DR
City-St-Zip: SANFORD, FL 32773

Title: D (X) Change () Addition
Name: NORONHA, WANDA
Address: 4524 RICHFIELD ST
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JEHAN, BARBARA A
Address: 113 EAST GREENTREE LN
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: CARROLL, CATHY
Address: 2082 JUDITH PL
City-St-Zip: LONGWOOD, FL 32779

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: AILEEN PALLISTER-WALTHER

D

03/07/2009

Electronic Signature of Signing Officer or Director

Date