## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003101

FILED Mar 07, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

212 NORTH PARK AVENUE SUITE 7 SANFORD, FL 32771

Current Mailing Address: 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: Name and Address of New Registered Agent:

PALLISTER-WALTHER, AILEEN 212 NORTH PARK AVENUE SUITE 7 SANFORD, FL 32771 US

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

Name: ROBINSON, DEBORAH
Address: 135 EAST FAITH TERRACE
City-St-Zip: MAITLAND, FL 32751

Title:

Name: NORONHA, WANDA Address: 4524 RICHFIELD ST City-St-Zip: ORLANDO, FL 32808

Title: PD

Name: WILLIAMS, KAREN

Address: 12206 WINDERMERE CROSSING CIR.

City-St-Zip: WINTER GARDEN, FL 34787

Title: TD

Name: JEHAN, BARBARA A
Address: 113 EAST GREENTREE LN
City-St-Zip: LAKE MARY, FL 32746

Title: SD

 Name:
 CARROLL, CATHY

 Address:
 2082 JUDITH PL

 City-St-Zip:
 LONGWOOD, FL 32779

Title: [

Name: PALLISTER-WALTHER, AILEEN

Address: 607 VILLAGE LANE
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: BARBARA ANNE JEHAN TD 03/07/2011