# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2012**
**Secretary of State**

DOCUMENT# N03000003101

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

**Current Principal Place of Business:**

212 NORTH PARK AVENUE
SUITE 7
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 951225
LAKE MARY, FL 32795

**New Mailing Address:**

**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
212 NORTH PARK AVENUE
SUITE 7
SANFORD, FL 32771 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
Name: ROBINSON, DEBORAH
Address: 135 EAST FAITH TERRACE
City-St-Zip: MAITLAND, FL 32751

Title: D
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: WESTMORELAND, MARGARET C
Address: 3471 WHITNER WAY
City-St-Zip: SANFORD, FL 32773

Title: D
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 03/23/2012

Electronic Signature of Signing Officer or Director — Date