2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004399

Entity Name: WOMEN OF APPROACH MINISTRIES INC.

FILED Aug 31, 2004 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2802 NW 60TH TERRACE #261 SUNRISE, FL 33313				2916 NW 60TH TERRACE #423 SUNRISE, FL 33313	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2802 NW 60TH TERRACE #261 SUNRISE, FL 33313				1116 11TH STREET WEST PALM BEACH, FL 33401	
FEI Number:	: 01-0789923	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
PORTER, PATRICIA B 2802 NW 60TH TERRACE #261 SUNRISE, FL 33313 US			2916 NW 60TH TE	PORTER, PATRICIA B 2916 NW 60TH TERRACE #423 SUNRISE, FL 33313 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				08/31/2004	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP (ALLEN, LYNN I 1569 W 21ST S RIVIERA BEAC	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (BENNETT, BAF 2016 JUANITA FT PIERCE, FL	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (ROGERS, JAM 2745 NW 60TH FT LAUDERDA	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (WILLIAMS, DA 114-32 LAKE V CORAL SPRIN	IEW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () FANN, SARITA) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: JAMES ROGERS DP 08/31/2004

WEST PALM BEACH, FL 33401

City-St-Zip: