

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2007
Secretary of State

DOCUMENT# N03000004399

Entity Name: WOMEN OF APPROACH MINISTRIES INC.**Current Principal Place of Business:**2916 NW 60TH TERRACE #423
SUNRISE, FL 33313**New Principal Place of Business:**1876 N. UNIVERSITY DRIVE
SUITE 200I
PLANTATION, FL 33322**Current Mailing Address:**2916 NW 60TH TERRACE #423
SUNRISE, FL 33313**New Mailing Address:**1876 N. UNIVERSITY DRIVE
SUITE 200I
PLANTATION, FL 33322**FEI Number:** 01-0789923**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PORTER, PATRICIA B
2916 NW 60TH TERRACE #423
SUNRISE, FL 33313 US**Name and Address of New Registered Agent:**BURCH, STEPHANIE D
1116 11TH STREET
WEST PALM BEACH, FL 33401 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: STEPHANIE BURCH

09/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROGER, JAMES
Address: 2745 N.W. 60TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT () Delete
Name: CALDWELL, SHALUNDRA
Address: 1311 TAMANINA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS () Delete
Name: BRAND, ROSEMARY
Address: 1320 S.W. 71ST TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES ROGERS

DP

09/12/2007

Electronic Signature of Signing Officer or Director

Date