

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004399

1. Entity Name
WOMEN OF APPROACH MINISTRIES INC.



FILED
09 MAR 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1876 N. UNIVERSITY DRIVE
SUITE 2001
PLANTATION, FL 33322**

Mailing Address
**1876 N. UNIVERSITY DRIVE
SUITE 2001
PLANTATION, FL 33322**

2. Principal Place of Business - No P.O. Box #
2916 NW 60th Terr

3. Mailing Address
2916 NW 60th Terr

Suite, Apt., #, etc.
#423

Suite, Apt., #, etc.
#423

City & State
SUNRISE, Florida

City & State
SUNRISE, Florida

Zip
33313

Country
Broward

Zip
33313

Country
Broward



REINSTATEMENT 08 09

4. FEI Number
01-0789923

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BURCH, STEPHANIE D
1116 11TH STREET
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name
PATRICIA B. PORTER
Street Address (P.O. Box Number is Not Acceptable)
2916 NW 60th Terr #423
City
SUNRISE FL Zip Code
33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patricia B. Porter CEO** DATE **3/24/09**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROGER, JAMES 2745 N.W. 60TH COURT FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CALDWELL, SHALUNDRA 1311 TAMANINA AVENUE WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BRAND, ROSEMARY 1320 S.W. 71ST TERRACE NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia B. Porter** DATE **3/24/09** DAYTIME PHONE # **954-533-6522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR