

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005448

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: WOMEN OF RIGHTEOUSNESS/STRONGTOWER, INC

**Current Principal Place of Business:**

1819 JERRY AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1819 JERRY AVE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 56-2348945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, BARBARA  
1819 JERRY AVE  
SANFORD, FL 32771

**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 ( ) Delete  
Name: GORDON, BARBARA  
Address: 1819 JERRY AVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: GREEN, ALICE F  
Address: 2221 S SWANSON DR  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: SMITH, DEBORAH  
Address: 568 BRIGHTVIEW DR  
City-St-Zip: LAKE MARY, FL 32745

Title: D ( ) Delete  
Name: GORDON, CANDACE  
Address: 1819 JERRY AVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: JONES, JEAN  
Address: 601 S EDGEMON AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SMITH, DEBORAH  
Address: 2461 BROADWAY STREET  
City-St-Zip: SANFORD, FL 32771

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

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

Title: D ( ) Change (X) Addition  
Name: JONES, MABLE  
Address: 159 KELLY CIRCLE  
City-St-Zip: SANFORD, FL 32773

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.

SIGNATURE: DEBORAH SMITH

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date