


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 012 ****70.00

DOCUMENT # <i>N03000005968</i>	
1. Entity Name <i>Pastors' Wives Community Outreach Incorporated TUBC</i>	

DO NOT WRITE IN THIS SPACE

50055475

2. Principal Place of Business <i>416 W. Euclid Avenue</i>	3. Mailing Address <i>1123 Hickory Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Deland, Florida</i>	City & State <i>Sanford, Florida</i>	4. FEI Number <i>34-1998633</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>32720</i>	Country <i>Volusia</i>	Zip <i>32771</i>	Country <i>Seminole</i>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Cynthia Jones (Same)</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1123 Hickory Avenue</i>
City <i>Sanford</i>
FL Zip Code <i>32771</i>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CPD Jones, Cynthia C., Pastor 1123 Hickory Avenue Sanford, FL 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD Jones, Stanley 1123 Hickory Avenue Sanford, Florida 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Wright, Felecia 814 Granite Privado Ontario, CA 91762</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Wright, William 814 Granite Privado Ontario, CA 91762</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Jones, Sarah 1123 Hickory Avenue Sanford, Florida 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia Jones* *Cynthia Jones* *July 5, 2005* *407/321-9075*

CR2E037B (12/02)