


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005968 1. Entity Name PASTORS' WIVES COMMUNITY OUTREACH, INCORPORATED TUBC					
Principal Place of Business 416 W EUCLID AVENUE DELAND FL 32720			Mailing Address 1123 HICKORY AVENUE SANFORD FL 32771		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 34-1998633	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, CYNTHIA C 1123 HICKORY AVENUE SANFORD FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006				\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CPD JONES, CYNTHIA C PASTOR 1123 HICKORY AVENUE SANFORD FL 32771				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD JONES, STANLEY 1123 HICKORY AVENUE SANFORD FL 32771				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD WRIGHT, FELECIA 814 GRANITE PRIVADO ONTARIO CA 91762				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD WRIGHT, WILLIAM 814 GRANITE PRIVADO ONTARIO CA 91762				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JONES, SARAH 1123 HICKORY AVENUE SANFORD FL 32771				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]				TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Cynthia Jones* 4/20/06 407/326 9075