

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 04, 2007 08:00 A
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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

34-1998633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, CYNTHIA C
1123 HICKORY AVENUE
SANFORD FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD ☐ Delete
NAME JONES, CYNTHIA C PASTOR
STREET ADDRESS 1123 HICKORY AVENUE
CITY- ST- ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000761853
05/25/07-80072-016 61.25**

TITLE VD ☐ Delete
NAME JONES, STANLEY
STREET ADDRESS 1123 HICKORY AVENUE
CITY- ST- ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☐ Delete
NAME WRIGHT, FELECIA
STREET ADDRESS 814 GRANITE PRIVADO
CITY- ST- ZIP ONTARIO CA 91762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME WRIGHT, WILLIAM
STREET ADDRESS 814 GRANITE PRIVADO
CITY- ST- ZIP ONTARIO CA 91762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME JONES, SARAH
STREET ADDRESS 1123 HICKORY AVENUE
CITY- ST- ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 C. Jones

April 29, 2007