

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 042 ****61.25

DOCUMENT # N03000006383

1. Entity Name

WOMEN OF INTEGRITY INC



Principal Place of Business

972 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address

972 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

03004003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

MARSHALL, CAROLYN
972 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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, 2004**

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	Vice President	<input type="checkbox"/> Delete
NAME	Seanne Wooden	
STREET ADDRESS	5475 Hwy 90 East	
CITY-ST-ZIP	Marianna, FL	
TITLE	Nellie Mae Black Board Director	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	2712 Poplar Spring Rd	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	Board Director	<input type="checkbox"/> Delete
NAME	Sophia Rogers	
STREET ADDRESS	1050 S.W. 197th	
CITY-ST-ZIP	Apt. 208C Miami, FL 33157	
TITLE	Board Director	<input type="checkbox"/> Delete
NAME	Mildred W. Hiss	
STREET ADDRESS	10765 S.W. 22nd St	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	President Carolyn Marshall	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3460 S.W. 143rd Ave	
CITY-ST-ZIP	Miami, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #