

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006383

FILED
Jan 31, 2006
Secretary of State

Entity Name: WOMEN OF INTEGRITY INC

Current Principal Place of Business:

972 WEST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

972 W HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 54-2104121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, CAROLYN
972 WEST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US

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: CAROLYN MARSHALL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WOODEN, JEANNE
Address: 5475 HWY 90 E
City-St-Zip: MARIANNA, FL

Title: BD () Delete
Name: BLACK, NELLIE MAE
Address: 2712 POPULAR SPRING RD.
City-St-Zip: MARIANNA, FL 32446

Title: BD () Delete
Name: ROGERS, SOPHIA
Address: 11050 SW 197 ST., APT. 208C
City-St-Zip: MIAMI, FL 33157

Title: BD () Delete
Name: WILLIS, MILDRED
Address: 10745 SW 274 ST.
City-St-Zip: MIAMI, FL 33177

Title: P () Delete
Name: MARSHALL, CAROLYN
Address: 3460 SW 143RD AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CAROLYN MARSHALL

PRES

01/31/2006

Electronic Signature of Signing Officer or Director

Date