

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90301 043 *****61.25

DOCUMENT # N03000007938

1. Entity Name

**WOMEN CHOSEN FOR THE PURPOSE OF GOD OUTREACH
MINISTRIES, INC.**



Principal Place of Business

Mailing Address

2605 N. 7TH AVENUE
PENSACOLA FL 32503

2605 N. 7TH AVENUE
PENSACOLA FL 32503

2. Principal Place of Business

2605 NORTH 7th AVE.

3. Mailing Address

2605 NORTH 7th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL 32503

City & State

PENSACOLA FL 32503

Zip
32503

Country
ESCAMBIA

Zip
32503

Country
ESCAMBIA

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

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.

XXXX

~~LINDSEY, VICTORIA~~

4-28-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS LINDSEY, VICTORIA W
CITY-ST-ZIP 2605 N. 7TH AVENUE
PENSACOLA FL 32503

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JACKSON MARIE
CITY-ST-ZIP 109 LAKEWOOD RD.
PENSACOLA FL 32507

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCARTY, TANGIE M
CITY-ST-ZIP 1014 WEST FISHER STREET
PENSACOLA FL 32501

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS DOROTHY JAUDON
CITY-ST-ZIP 1514 NORTH DR. MARTIN L. KING DR.
PENSACOLA FL 32503

TITLE ☐ Delete
NAME D
STREET ADDRESS NICHOLSON, ZENOBIA M
CITY-ST-ZIP 7861 UNTREINER AVENUE
PENSACOLA FL 32534

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLS, LOLA I
CITY-ST-ZIP 3 GENTIAN DRIVE
PENSACOLA FL 32503

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS ELLA D. HARRIS
CITY-ST-ZIP 1525 EAST LEONARD ST.
PENSACOLA FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Victoria Lindsey *Victoria Lindsey*

4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #