

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007938

FILED
Apr 27, 2005
Secretary of State

Entity Name: WOMEN CHOSEN FOR THE PURPOSE OF GOD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2605 N. 7TH AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2605 N. 7TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, VICTORIA
2605 N. 7TH AVENUE
PENSACOLA, FL 32503 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINDSEY, VICTORIA W
Address: 2605 N. 7TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: MCCARTY, TANGIE M
Address: 1014 WEST FISHER STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DD () Delete
Name: NICHOLSON, ZENOBIA M
Address: 7861 UNTREINER AVENUE
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: MILLS, LOLA I
Address: 3 GENTIAN DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: JACKSON, MARIE
Address: 109 LAKEWOOD RD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: JAUDON, DOROTHY
Address: 1514 NORTH DR MARTIN L KING DR
City-St-Zip: PENSACOLA, FL 32503

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:

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 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 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: ELLA HARRIS

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date