

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007938

FILED  
Apr 30, 2006  
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 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: VICTORIA LINDSEY

D

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date