

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

9/3/2004-90003-018-\$61.25-\$61.25

DOCUMENT # N03000010647 1. Entity Name A GRATEFUL WOMAN OF THE GOD MINISTRIES, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 SEP 30 AM 8:00  MOORE CR2E037 (4/04) <i>MRS</i>	
Principal Place of Business 5457 10TH AVENUE FORT MYERS FL 33907				Mailing Address 5457 10TH AVENUE FORT MYERS FL 33907			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2409415			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required				Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent SOTO GERENA, NELIDA 5457 10TH AVENUE FORT MYERS FL-33907				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.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE							
FILE NOW: FEE IS \$61.25 Due By September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO GERENA, NELIDA ☐ Delete 5457 10TH AVENUE FORT MYERS FL 33907			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOTO GARCIA, ANGEL ☐ Delete 5455 10TH AVENUE FORT MYERS FL 33907			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Delete MOLINA, MARIA 3736 CENTRAL AVENUE FORT MYERS FL 33901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> ☐ Change ☐ Addition <i>Nilda R. Gerena</i> <i>5529 5th Ave</i> <i>Fort Myers, FL-33907</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Delete SOTO, AWILDA 5455 10TH AVENUE FORT MYERS FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Evogetista Nilda R. Gerena</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <i>8-31-04</i> (239) 886-0179 Daytime Phone #			