

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010647	
1. Entity Name A GRATEFUL WOMAN OF THE GOD MINISTRIES, INC.	
Principal Place of Business 5457 10TH AVENUE FORT MYERS, FL 33907	Mailing Address 5457 10TH AVENUE FORT MYERS, FL 33907



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2409415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOTO GERENA, NELIDA 5457 10TH AVENUE FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOTO GERENA, NELIDA 5457 10TH AVENUE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOTO GARCIA, ANGEL 5455 10TH AVENUE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GERENA, NILDA R 5529 5TH AVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SOTO, AWILDA 5455 10TH AVENUE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000347314
04/30/05-80109-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Evangeline Nelida Soto Gerena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/05 (235) 936-4763
Date Daytime Phone #