

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000586

FILED  
Jan 17, 2005  
Secretary of State

**Entity Name:** TOTAL WOMAN IMPACT MINISTRIES INC.

**Current Principal Place of Business:**

4615 NW 41 STREET  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4615 NW 41 STREET  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 83-0401867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRIDE, ALTHERIA  
4615 NW 41 STREET  
LAUDERDALE LAKES, FL 33319 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: P ( ) Delete  
Name: MCBRIDE, ALTHERIA  
Address: 4615 NW 41 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP ( ) Delete  
Name: MCBRIDE, WILLIE J  
Address: 4615 NW 41 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SECT ( ) Delete  
Name: BOZEMAN, MARILYN  
Address: 1012 NW 11 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TRES ( ) Delete  
Name: SCURLOCK, CASSANDRA  
Address: 1460NW 2ND STREET APT A202  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: ADVI ( ) Change (X) Addition  
Name: CAMMOCK, BERNICES  
Address: 1700 SW 87TH TERRACE  
City-St-Zip: MIRAMAR, FL 33025

Title: ADVI ( ) Change (X) Addition  
Name: HILL, BETTY  
Address: P.O. BOX 647  
City-St-Zip: LAKE WALES, FL 33859

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: ALTHERIA MCBRIDE

P

01/17/2005

Electronic Signature of Signing Officer or Director

Date