

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000586

FILED
Jan 26, 2007
Secretary of State

Entity Name: TOTAL WOMAN IMPACT MINISTRIES INC.

Current Principal Place of Business:

11 REDWOOD CIRCLE
PLANTATION, FL 33317

New Principal Place of Business:

11 REDWOOD CIRCLE
PLANTATION, FL 33317 US

Current Mailing Address:

11 REDWOOD CIRCLE
PLANTATION, FL 33317

New Mailing Address:

11 REDWOOD CIRCLE
PLANTATION, FL 33317 US

FEI Number: 83-0401867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCBRIDE, ALTHERIA
11 REDWOOD CIRCLE
PLANTATION, FL 33317 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: 11 REDWOOD CIRCLE
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Delete
Name: MCBRIDE, WILLIE J
Address: 11 REDWOOD CIRCLE
City-St-Zip: PLANTATION, FL 33317

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCBRIDE, ALTHERIA
Address: 11 REDWOOD CIRCLE
City-St-Zip: PLANTATION, FL 33317 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: TRES (X) Change () Addition
Name: SCURLOCK, CASSANDRA
Address: 2141 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313 US

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

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: ALTHERIA MCBRIDE

P

01/26/2007

Electronic Signature of Signing Officer or Director

Date