

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000586

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TOTAL WOMAN IMPACT MINISTRIES INC.

**Current Principal Place of Business:**

1231 NW 15 AVE  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

1231 NW 15 AVE  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

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  
1231 NW 15 AVE  
FORT LAUDERDALE, FL 33311 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: 1231 NW 15 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRES (X) Change ( ) Addition  
Name: SCURLOCK, CASSANDRA  
Address: 5993 NW 57TH COURT  
City-St-Zip: TAMARAC, FL 33319 US

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date