2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N04000003847

Entity Name: CHRISTIAN WOMEN JOB CORPS COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2601 W STRONG ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

2601 W STRONG ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 76-0755825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, SHEILA
1425 KINGS ROAD
CANTONMENT, FL 32533 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: CHRM ( ) Delete
Name: JAMES, BEVERLY
Address: 518 FITZGERALD STREET
City-St-Zip: PENSACOLA, FL 32505

Title: VCHR ( ) Delete
Name: CUMBERLAND, BETH
Address: 3100 BRITTANY TRACE
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete
Name: WILSON, LUNETTE
Address: 805 COPPER RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32533

Title: MEM ( ) Delete
Name: THOMAS, ROGER
Address: 2009 BLUE SKY DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: MEM ( ) Delete
Name: PAVLUS, JOHN PASTOR
Address: 1417 MOONLIGHT DRIVE
City-St-Zip: CANTONMENT, FL 32504

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCHR (X) Change ( ) Addition
Name: ROBINSON, JOHN
Address: 1901 NICOLE STREET
City-St-Zip: PENSACOLA, FL 32507

Title: SEC (X) Change ( ) Addition
Name: WILSON, LUNETTE
Address: 805 COPPER RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32533

Title: TREA (X) Change ( ) Addition
Name: THOMAS, CAROLYN
Address: 2009 BLUE SKY DRIVE
City-St-Zip: PENSACOLA, FL 32506

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

Title: MEM ( ) Change (X) Addition
Name: JONES, EARL
Address: 1251 KATHLEEN AVENUE
City-St-Zip: CANTONMENT, FL 32533

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: SHEILA GREEN CORD 07/09/2008

Electronic Signature of Signing Officer or Director — Date