

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006313

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** W.O.M.B.S. MINISTRIES, INC.

**Current Principal Place of Business:**

1953 RUGBY RD.  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 77113  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

**FEI Number:** 03-0476245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAYLE, TONICHIA C  
4057 BESSENT RD.  
JACKSONVILLE, FL 32218 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:** CEO  
**Name:** GAYLE, TONICHIA C  
**Address:** 4057 BESSENT RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** CFO  
**Name:** SMITH, CHENITA  
**Address:** 2745 EGRET WALK TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32226

**Title:** COO  
**Name:** JOHNSON, FATIMA  
**Address:** 1953 RUGBY RD.  
**City-St-Zip:** JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

**SIGNATURE:** TONICHIA C. GAYLE

CEO

04/27/2011

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

\_\_\_\_\_  
Date