


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 030 ****70.00

DOCUMENT # N04000010325 1. Entity Name FELLOWSHIP OF WOMEN IN MINISTRY, INC.	
--	---

Principal Place of Business 2800 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309	Mailing Address 2800 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309
--	--

DO NOT WRITE IN THIS SPACE

4002502



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1841657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRINSON, YVETTE
2800 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, YVETTE 2800 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, EDWARD 2800 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, LASHAUN 2465 NW 33RD STREET, APT 1508 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, SHEILA 2800 WEST PROSPECT ROAD G 305 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STACEY 7960 NW 54TH STREET LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #