


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90047 035 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # N04000010325</b>                          |  |
| 1. Entity Name<br>FELLOWSHIP OF WOMEN IN MINISTRY, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2800 WEST PROSPECT ROAD<br>FT. LAUDERDALE, FL 33309 | Mailing Address<br>2800 WEST PROSPECT ROAD<br>FT. LAUDERDALE, FL 33309 |
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|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40000000



01042007 Chg-NP CR2E037 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-1841657 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BRINSON, YVETTE<br>2800 WEST PROSPECT ROAD<br>FT. LAUDERDALE, FL 33309 |
|---|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

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 _____ | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|---|------------|

|   |   |                                |  |
|---|---|--------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRINSON, YVETTE<br>2800 WEST PROSPECT ROAD<br>FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Brinson Yvette<br>3543 Dove Cote Meadows Lane<br>Davie ; FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRINSON, EDWARD<br>2800 WEST PROSPECT ROAD<br>FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Brinson Edward<br>3543 Dove Cote Meadows Lane<br>Davie ; FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BROOKS, LASHAUN<br>2465 NW 33RD STREET, APT 1508<br>FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BROOKS, LASHAUN<br>5241 NW 78th Terrace<br>Lauderhill ; FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAY, SHEILA<br>2800 WEST PROSPECT ROAD G 305<br>FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>May Sheila<br>2800 West Prospect Road<br>Ft. Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BROWN, STACEY<br>7960 NW 54TH STREET<br>LAUDERHILL, FL 33351 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:  | Edward Brinson | 1/4/07               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                | Date Daytime Phone # |