2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010874

FILED Jul 27, 2007 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF WOMEN IN MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 705 10294 FOX TRAIL

WEST PALM BEACH, FL 33402 US 712

ROYAL PALM BEACH, FL 33411 US

Current Mailing Address: New Mailing Address:

PO BOX 705

WEST PALM BEACH, FL 33402 US

FEI Number: 01-0654243 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: Name and Address of New Registered Agent:

KING, VERNELL
490 FICUS TREE DRIVE
KING, VERNELL
10294 FOX TRAIL ROAD

LANTANA, FL 33462 US 712 ROYAL PALM BEACH, FL 33411 US

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: MS. VERNELL KING 07/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX D () Delete Title: () Change () Addition

 Name:
 KING, VERNELL
 Name:

 Address:
 PO BOX 705
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33402 US
 City-St-Zip:

Title: TRES () Delete Title: TRES (X) Change () Addition Name: WILLIAMS, DANIELLE C Name: WILLIAMS, DANIELLE C

 Name:
 WILLIAMS, DAMILLE C

 Address:
 11515 N. 82ND DRIVE
 Address:
 12411 N. 50TH AVE

 City-St-Zip:
 PEORIA, AZ 85345 US
 City-St-Zip:
 GLENDALE, AZ 85304 US

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: CAREY, MICHELLE F Name: CAREY, MICHELLE F

Address: 115 WEST BEHREND DRIVE Address: 9437 WEST EL CAMINITTO DRIVE

City-St-Zip: PHOENIX, AZ 85027 City-St-Zip: PEORIA, AZ 85345

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: MS VERNELL KING EX D 07/27/2007