

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010874

FILED  
Apr 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

989 MONUMENT RD  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2785  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 01-0654243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, VERNELL  
989 MONUMENT RD  
JACKSONVILLE, FL 32225 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: EX D  
Name: KING, PASTOR VERNELL  
Address: PO BOX 2785  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: TRES  
Name: WILLIAMS, DANIELLE C  
Address: PO BOX 2785  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: SEC  
Name: CAREY, MICHELLE F  
Address: 9437 WEST EL CAMINITTO DRIVE  
City-St-Zip: PEORIA, AZ 85345

Title: DIR  
Name: WIGGLESWORTH, DEANNA R  
Address: 989 MOUNMENT RD  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: PASTOR VERNELL KING

EX D

04/04/2012

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

\_\_\_\_\_  
Date