

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004065

FILED
Apr 18, 2008
Secretary of State

Entity Name: WOMEN OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

1124 S ELLIS RD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:
1124 S ELLIS RD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 56-2514515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GWENDOLYN
1124 S ELLIS RD
JACKSONVILLE, FL 32205 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: P () Delete
Name: BROWN, GWENDOLYN
Address: 1124 S ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: V () Delete
Name: SPEIGHTS, LASHAWN
Address: 5580 CABOT DR N
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: MILTON, STEPHANIE
Address: 1545 LEEWORTH LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GWENDOLYN BROWN

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date