

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004663

FILED
Jul 01, 2006
Secretary of State

Entity Name: WOMEN AT THE WELL-WELL OF LIFE MINISTRY INC.

Current Principal Place of Business:

3985 TANGLE DR
TITUSVILLE, FL 32796

New Principal Place of Business:

3983 TANGLE DR
TITUSVILLE, FL 32796

Current Mailing Address:

3985 TANGLE DR
TITUSVILLE, FL 32796

New Mailing Address:

3983 TANGLE DR
TITUSVILLE, FL 32796

FEI Number: 42-1668670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SOWARDS, PAMELA
3985 TANGLE DR
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

SOWARDS, PAMELA
3983 TANGLE DR
TITUSVILLE, FL 32796 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: PAMELA SOWARDS

07/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SOWARDS, PAMELA
Address: PO BOX 6028
City-St-Zip: TITUSVILLE, FL 32782

Title: D () Delete
Name: ARENA, MARGE
Address: 4411 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: SOWARDS, ROBERT
Address: PO BOX 6028
City-St-Zip: TITUSVILLE, FL 32782

Title: VD () Delete
Name: SOWARDS, GARLAND
Address: PO BOX 6021
City-St-Zip: TITUSVILLE, FL 32782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SOWARDS, PAMELA
Address: 3983 TANGLE DRIVE
City-St-Zip: TITUSVILLE, FL 32796

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 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: PAMELA SOWARDS

PTD

07/01/2006

Electronic Signature of Signing Officer or Director

Date