

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006300

FILED
Aug 18, 2006
Secretary of State

Entity Name: WOMAN TO WOMAN INNER HEALING MINISTRY, INC.

Current Principal Place of Business:

4846 ELON CRESCENT
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

4846 ELON CRESCENT
LAKELAND, FL 33810

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

JONES, DELORIS ANN
4846 ELON CRESCENT
LAKELAND, FL 33810 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PF () Delete
Name: JONES, DELORIS ANN
Address: 4846 ELON CRESCENT
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: JORDAN, YVETTE
Address: 2002 WEXFORD GREEN DR
City-St-Zip: VALRICO, FL 33594

Title: BM () Delete
Name: SULLEN, DEBRA
Address: 305 FLORIDA AVE
City-St-Zip: LAKE WALES, FL 33853

Title: TS (X) Delete
Name: HOLTON, MARY
Address: 2412 LINDA ST
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LATIMER, JAWANA
Address: 2020 E. EDGEWOOD
City-St-Zip: LAKELAND, FL 33803

Title: BM (X) Change () Addition
Name: JONES, OSCAR
Address: 4846 ELON CRESCENT
City-St-Zip: LAKELAND, FL 33810

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: DELORIS ANN JONES

PF

08/18/2006

Electronic Signature of Signing Officer or Director

Date