

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 013 ****61.25

DOCUMENT # N05000008004

1. Entity Name



**WOMEN WORKING IN THE COMMUNITY FOR GOD
MINISTRY INC.**

Principal Place of Business

Mailing Address

818 N 11 ST
PALATKA FL 32177

818 N 11 ST
PALATKA FL 32177



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

54-2191686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKNEY, ELOUISE W
818 N 11 ST
PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete
NAME: HACKNEY, ELOUISE W
STREET ADDRESS: 818 N 11 ST
CITY-STATE-ZIP: PALATKA FL 32177

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VP ☒ Delete
NAME: STROUD, DORIS D
STREET ADDRESS: 200 S 16 ST
CITY-STATE-ZIP: PALATKA FL 32177

TITLE: VP ☒ Change ☐ Addition
NAME: Christine Bolden
STREET ADDRESS: 404 N. 16 STREET APT B-9
CITY-STATE-ZIP: Palatka, Fla 32177

TITLE: FS ☐ Delete
NAME: JONES, LILLIE B
STREET ADDRESS: 818 N 11 ST
CITY-STATE-ZIP: PALATKA FL 32177

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: S ☐ Delete
NAME: FULTON, FRANKIE
STREET ADDRESS: 104 GARCIA ST
CITY-STATE-ZIP: INTERLACHEN FL 32148

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: SPELL, SHIRLEY A
STREET ADDRESS: 401 MAC ST
CITY-STATE-ZIP: PALATKA FL 32177

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: MUHAMMAD, PERCILLA
STREET ADDRESS: 604 N 8 ST
CITY-STATE-ZIP: PALATKA FL 32177

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eloise Hackney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

386 312 1055
Daytime Phone #