

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008004

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** WOMEN WORKING IN THE COMMUNITY FOR GOD MINISTRY INC.

**Current Principal Place of Business:**

818 N 11 ST  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

818 N 11 ST  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 54-2191686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HACKNEY, ELOUISE W  
818 N 11 ST  
PALATKA, FL 32177 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: HACKNEY, ELOUISE W  
Address: 818 N 11 ST  
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete  
Name: BOLDEN, CHRISTINE  
Address: 404 N 16TH STREET APT B-9  
City-St-Zip: PALATKA, FL 32177

Title: FS ( ) Delete  
Name: JONES, LILLIE B  
Address: 819 N 11 ST  
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete  
Name: FULTON, FRANKIE  
Address: 104 GARCIA ST  
City-St-Zip: INTERLACHEN, FL 32148

Title: T ( ) Delete  
Name: SPELL, SHIRLEY A  
Address: 401 MAC ST  
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete  
Name: MUHAMMAD, PERCILLA  
Address: 604 N 8 ST  
City-St-Zip: PALATKA, FL 32177

**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:

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: ELOUISE W. HACKNEY

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date