

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008908

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Entity Name:** ROSE OF SHARON MINISTRIES FOR WOMEN, INC.

**Current Principal Place of Business:**

1620 EAGLE NEST CIRCLE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1620 EAGLE NEST CIRCLE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 20-3386735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEMORE, RONALD  
1620 EAGLE NEST CIRCLE  
WINTER SPRINGS, FL 32708 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  
**Name:** KIMMEL-MCLEMORE, RANDYE  
**Address:** 1620 EAGLE NEST CIRCLE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

**SIGNATURE:** RANDYE KIMMEL-MCLEMORE

MGR

07/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date