

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004134

FILED
Apr 10, 2008
Secretary of State

Entity Name: WOMEN OF EXCELLENCE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2101 WHITE PINE CIR - APT C
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

2101 WHITE PINE CIR - APT C
GREENACRES, FL 33415

New Mailing Address:

FEI Number: 65-1277302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENNETT, TAKELIA N
2101 WHITE PINE CIR - APT C
GREENACRES, FL 33415 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: PD () Delete
Name: BENNETT, TAKELIA N
Address: 2101 WHITE PINE CIR - APT C
City-St-Zip: GREENACRES, FL 33415

Title: SD () Delete
Name: DACAS, PHEANIE E
Address: 4482 IXORA CIR
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: OWENS, ROSA L
Address: 330 W 20TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CEO () Delete
Name: WILLIAMS, HAYWOOD N I
Address: 2101 WHITE PINE CIR - APT C
City-St-Zip: GREENACRES, FL 33415

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:

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: TAKELIA NICHOL BENNETT

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date