2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N06000004423

Entity Name: WOMEN IN SEARCH OF MINISTRY INC

Current Principal Place of Business:

3229 SILVERADO CIRCLE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3229 SILVERADOCIRCLE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

PO BOX 13752
SAVANNAH, GA 31416

FEI Number: 20-5400341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELESTON, GLORIA D
3229 SILVERADO CIRCLE
GREEN COVE SPRINGS, FL 32043 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:	D	( ) Delete
Name:	DELESTON, GLORIA D	
Address:	3229 SILVERADOCIRCLE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	T	( ) Delete
Name:	DELESTON, KHAMA A	
Address:	3229 SILVERADO CIRCLE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	T	( ) Delete
Name:	MAZYCK, ANNIE	
Address:	8008 CREEKLAND DR	
City-St-Zip:	COLUMBUS, GA	
Title:	S	( ) Delete
Name:	DELESTON, ALISHA	
Address:	3229 SOUTHBANK CIRCLE	
City-St-Zip:	GREEN COVE SPRINGS, FL	
Title:	MM	( ) Delete
Name:	MONTGOMERY, SHEREEN	
Address:	3229 SOUTHBANK CIRCLE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	TS	( ) Delete
Name:	WILLIAMS, SHELIA	
Address:	3229 SOUTHBANK CIRCLE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

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: KHAMA A DELESTON T 04/12/2009

Electronic Signature of Signing Officer or Director — Date