2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007229

Entity Name: UNITED WOMEN OF FAITH, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3512 D'AVINCI WAY, APT 2023 1419 FRANCIS DRIVE MELBOURNE, FL 32901 COATESVILEL, PA 19320

Current Mailing Address: New Mailing Address:

3512 D'AVINCI WAY, APT 2023 1419 FRANCIS DRIVE MELBOURNE, FL 32901 COATESVILLE, PA 19320

FEI Number: 20-5012060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COPELAND, CONSTANCE COPELAND, CONSTANCE E
3274 SOFT BREEZE CIR. 1419 FRANCIS DRIVE
W. MELBOURNE, FL 32904 US COATESVILLE, PA, FL 19320 US

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: CONSTANCE E. COPELAND 04/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: CARAVANO, GINA Name: ROLLINS, CHARLI N

Address: SATAN WOOD Address: 131 VIRGINA AVE
City-St-Zip: PALM BAY, FL 32907 City-St-Zip: COATESVILLE, PA 19320

Title: D () Delete Title: D (X) Change () Addition Name: COPELAND, CONSTANCE Name: COPELAND, CONSTANCE

Address: 3274 SOFT BREEZE CIR. Address: 1419 FRANCIS DRIVE
City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: COATESVILLE, PA 19320

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 LEWIS, MELISSA
 Name:
 LAVENDER, ANNETTE C

 Address:
 761 ARUDO AVE
 Address:
 349 S. 1ST AVENUE

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 COATESVILLE, PA 19320

Title: SD (X) Delete Title: () Change () Addition

 Name:
 ROBINSON, RITA
 Name:

 Address:
 2215 WILLIAMS ST
 Address:

 City-St-Zip:
 PALM BAY, FL 32905
 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: CONSTANCE E. COPELAND D 04/22/2008