2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N06000007307

Entity Name: SUNCOAST MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.

Current Principal Place of Business:

6335 30TH ST. SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

6335 30TH ST. SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 02-0780682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODS, SHIRLEY G.
6335 30TH ST. SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

WOODS, SHIRLEY G
6335 30TH ST. SOUTH
ST. PETERSBURG, FL 33712 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: SHIRLEY G. WOODS 05/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HOUSTON, NADINE
Address: 3835 35TH WAY SO. BLDG. 17, APT. 99
City-St-Zip: ST. PETERSBURG, FL 33711

Title: DV ( ) Delete
Name: TURNER, VERSIE
Address: P.O. BOX 10494
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DS ( ) Delete
Name: WOODS, SHIRLEY
Address: 6335 30TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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:

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: SHIRLEY G. WOODS DS 05/07/2007
Electronic Signature of Signing Officer or Director Date