2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2009
Secretary of State

DOCUMENT# N06000009727

Entity Name: WOMEN OF DESTINY FELLOWSHIP, INC.

Current Principal Place of Business:

1902 SHADOW RIDGE TRAIL
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1902 SHADOW RIDGE TRAIL
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

GREENE, JAMES
1902 SHADOW RIDGE TRAIL
JACKSONVILLE, FL 32225 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: JAMES GREENE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREENE, JAMES
Address: 1902 SHADOW RIDGE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: MILLS, JAMES
Address: 12071 STIRRUP CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST ( ) Delete
Name: GRANT, DIANE
Address: 5523 CABOT DR N
City-St-Zip: JACKSONVILLE, FL 32244

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: DIANE GRANT OFFI 10/03/2009
Electronic Signature of Signing Officer or Director — Date