2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N06000009922

Entity Name: WOMEN PASTORS' CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

T.C.O.C.O.D, INC
4215 S.W. 19TH ST
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

T.C.O.C.O.D, INC
4215 S.W. 19TH ST
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 20-5649363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, LEOLA
2205 S.W. 48TH AVE
WESST PARK, FL 33023 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: P ( ) Delete
Name: PAYNE, LEOLA
Address: 2205 S.W. 48TH AVE
City-St-Zip: WEST PARK, FL 33023

Title: V ( ) Delete
Name: BARTLEY, EVELYN
Address: 225 N.W. 30TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: S ( ) Delete
Name: FRANKLIN, RUBY
Address: 1691 S. 57TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: T ( ) Delete
Name: HODGE, EVELENA S
Address: 1521 N.W. 17TH ST
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: C ( ) Delete
Name: REYNOLDS, ROBERTA
Address: 3277 N.W. 13TH ST
City-St-Zip: FT. LAUDERDALE, FL 33311

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:

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: LEOLA PAYNE PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date