

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003551

FILED
Apr 15, 2009
Secretary of State

Entity Name: WOMEN OF PROMISE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2507 N. MONROE STREET
SUITE D
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P.O. BOX 4194
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

3507 N. MONROE STREET
SUITE D
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 87-0806989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, FELICIA M
3588 PICKETT COURT
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

WILLIAMS, JACQUELINE R
3507 N. MONROE STREET
UNIT D
TALLAHASSEE, FL 32303 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: JACQUELINE WILLIAMS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JACQUELINE
Address: 4130 N. MISSION ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Delete
Name: JENKINS, FELICIA M
Address: 3588 PICKETT COURT
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: S () Delete
Name: STALLWORTH, ZANETTA
Address: 4130 N. MISSION ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: T (X) Delete
Name: MCCRAY, SHONNA
Address: 260 BREWINGTON STREET
City-St-Zip: QUINCY, FL 32352 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ZANETTA STALLWORTH
Address: 4130 N. MISSION ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

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: JACQUELINE WILLIAMS

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date