

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010405

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** POWERFUL WOMEN OF GOD ON THE MOVE, INCORPORATED

**Current Principal Place of Business:**

554 BROCK AVE  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

554 BROCK AVE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

554 BROCK AVE  
CRESTVIEW, FL 32536

**New Mailing Address:**

P. O BOX 2151  
CRESTVIEW,, FL 32536

FEI Number: 65-1319154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MAJORS, ELIZABETH E  
554 BROCK AVE  
CRESTVIEW, FL 32536      US

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

MAJORS, ELIZABETH E FOUNDER  
554 BROCK AVE  
CRESTVIEW, FL 32539      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: ELIZABETH E. MAJORS

05/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS. ( ) Change (X) Addition  
Name: HARRIS, GAIL M DIR.  
Address: 554 BROCK AVE.  
City-St-Zip: CRESTVIEW, FL 32539- US

Title: MRS ( ) Change (X) Addition  
Name: FRANK, KIANA S ADMIN  
Address: 554 BROCK AVE.  
City-St-Zip: CRESTVIEW, FL 32539 US

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: GAIL M. HARRIS

MS

05/01/2008

Electronic Signature of Signing Officer or Director

Date