2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N08000002179

Entity Name: A TIME OF REFRESHING WOMEN'S MINISTRY, INC.

Current Principal Place of Business:

1631 NW 43RD AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1631 NW 43RD AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-2114018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, BARBARA A
1631 NW 43RD AVE.
GAINESVILLE, FL 32605 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:	PD	( ) Delete
Name:	FORD, ENOLIA	
Address:	1011 NW 41ST AVE., APT. 606	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	VD	( ) Delete
Name:	REMBERT, ALICE M	
Address:	4420 SE 14TH TERR.	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	D	( ) Delete
Name:	SMITH, BARBARA A	
Address:	1631 NW 43RD AVE.	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	NEWSOME, ANGELA	
Address:	2700 SW ARCHER RD., F6	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	SMITH, ROSE M	
Address:	17480 NW 222 ST.	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:	D	( ) Delete
Name:	REMBERT, VELMA	
Address:	12901 NW 36TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32643	

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:	
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: BARBARA A. SMITH ADMI 01/20/2009

Electronic Signature of Signing Officer or Director — Date