

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004413

FILED
Apr 09, 2012
Secretary of State

Entity Name: PHENOMENAL WOMAN MINISTRY, INC

Current Principal Place of Business:

14203 SUMMER BREEZE DR E
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

14203 SUMMER BREEZE DR E
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 80-0406280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAMON, DELORES A
14203 SUMMER BREEZE DR E
JACKSONVILLE, FL 32218 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
Name: BEAMON, DELORES A
Address: 14203 SUMMER BREEZE DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: SAMUEL, SHERI
Address: 9567 BENT OAK COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: S
Name: BOYD, JACKIE
Address: 14476 WOODFIELD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32258

Title: T
Name: BEAMON, DARROL F
Address: 14203 SUMMER BREEZE DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: CONS
Name: JACKSON, ROBBIN
Address: 9567 BENT OAK COURT
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: DELORES BEAMON

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date