2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N09886

Entity Name: WOMEN FOR CHRIST, INC.

Current Principal Place of Business:

4595 LEXINGTON AVE.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 95
ORTEGA STATION
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2605319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SASSER, JEANINE B
4595 LEXINGTON AVE.
STE 100
JACKSONVILLE, FL 32210 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:	TD	( ) Delete
Name:	RICE, JULIE	
Address:	4945 MORVEN RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VP	( ) Delete
Name:	CONWAY, ANN	
Address:	4341 VENETIA BLVD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	PD	( ) Delete
Name:	TOWERS, KATY	
Address:	4579 ORTEGA BLVD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	SD	( ) Delete
Name:	HUGHES, CHARLENE	
Address:	4265 YACHT CLUB RD	
City-St-Zip:	JACKSONVILLE, FL 32210	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE HUGHES PRES 07/14/2006

Electronic Signature of Signing Officer or Director — Date