2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09886

Entity Name: WOMEN FOR CHRIST, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

4595 LEXINGTON AVE.

JACKSONVILLE, FL 32210 US

1871 MONTGOMERY PLACE
JACKSONVILLE, FL 32205 US

Current Mailing Address: New Mailing Address:

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

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

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

SASSER, JEANINE B
4595 LEXINGTON AVE.
STE 100
JACKSONVILLE, FL 32210 US

HAWKINS, ANNE R
1871 MONTGOMERY PLACE
JACKSONVILLE, FL 32205 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: ANNE R. HAWKINS 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: HUGHES, CHARLENE Name:

Address: 4265 YACHT CLUB RD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: TOWERS, KATY Name: HONEYCUTT, SUZANNE

Address: 4579 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210
Address: 3645 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title:S() DeleteTitle:VP(X) Change () AdditionName:CUTT, SUZANNE HName:RHYNE, MUFFETTAddress:3645 SAN JOSE BLVDAddress:4321 APALACHEE ST.

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete Title: T (X) Change () Addition
Name: HAYKINS ANNE R Name: HAWKINS ANNE R

 Name:
 HAYKINS, ANNE R
 Name:
 HAWKINS, ANNE R

 Address:
 1871 MONTGOMERY PL
 Address:
 1871 MONTGOMERY PL

 City-St-Zip:
 JACKSONVILLE, FL
 32210
 City-St-Zip:
 JACKSONVILLE, FL
 32205

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: ANNE R. HAWKINS T 04/30/2008