

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004181

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** WOMEN WALKING IN WHOLENESS, INC.

**Current Principal Place of Business:**

2501 W. RIO VISTA AVE.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

2501 W. RIO VISTA AVE.  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, VANDA M MRS.  
15704 PONY PLACE  
TAMPA, FL 33624 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: JACOBS, VANDA  
Address: 15704 PONY PLACE  
City-St-Zip: TAMPA, FL 33624 US

Title: D  
Name: BAKER, MARY L  
Address: 3401 E. SHADOWLAWN AVE.  
City-St-Zip: TAMPA, FL 33610 US

Title: D  
Name: THOMAS, BETTY E  
Address: 11553 WELLMAN DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D  
Name: THOMPSON, ANN  
Address: 15702 INDIAN QUEEN DR  
City-St-Zip: ODESSA, FL 33556 US

Title: D  
Name: DANIELS, TEMESHARA K  
Address: 2843 12TH AVE SO.  
City-St-Zip: ST., FL 33712 US

Title: D  
Name: JACOBS, LAVANESEIA C  
Address: 7802 HAVERSHAM LAKE  
City-St-Zip: TAMPA, FL 33614 US

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:** VANDA JACOBS

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date