

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008410

FILED
Apr 30, 2012
Secretary of State

Entity Name: WOMEN OF RESTORATION MINISTRY INC.

Current Principal Place of Business:

6879 RIDGEVIEW AVENUE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6879 RIDGEVIEW AVENUE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 27-0906875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, TONIA RITA
6879 RIDGEVIEW AVENUE
JACKSONVILLE, FL 32244 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
Name: HOUSTON, TONIA RITA
Address: 6879 RIDGEVIEW AVENUE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: WILLIAMS, TOMEKIA
Address: 2091 GREEN LAKE LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: COLEMAN, VANESSA J
Address: 4802 WOODLAWN DR
City-St-Zip: HYATTSVILLE, MD 20784

Title: D
Name: SANFORD, TARA LOCKETT
Address: 3033 SCOTTY RD
City-St-Zip: JACKSONVILLE, FL 32205

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: TONIA R. HOUSTON

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date