

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N15169

1. Entity Name
CHURCH WOMENS CHRISTIAN MINISTRIES, INC.



Principal Place of Business

1010 FROMHART STREET
ORANGE PARK, FL 32073 US

Mailing Address

P.O. BOX 7071
ORANGE PARK, FL 32073-7071 US



02132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2776000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROLLEN, TERRY H
732 WINFRED PL
ORANGE PARK, FL 32073

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000232411
02/27/08-80057-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROLLEN, TERRY H
STREET ADDRESS 732 WINFRED PL.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VPD
NAME HALLEY, ELAINE
STREET ADDRESS 714 BALMORAL LANE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD
NAME BAKER, MARTHA SUE
STREET ADDRESS 3136 ROCOCO CT
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry H. Rollen* **TERRY H. ROLLEN** 2/13/08 (904) 269-5491
PD Date Daytime Phone #