## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29435

FILED Apr 23, 2009 Secretary of State

Entity Name: A WOMAN'S PLACE MINISTRIES, INC.

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:							
2901 BUS FAMPA, F	CH LAKE BLVI L 33614		SUITE 210	3910 NORTHDALE BOULEVARD SUITE 210 TAMPA, FL 33624							
Current M	lailing Addres	s:	New Mailir	New Mailing Address:							
2901 BUS TAMPA, F	CH LAKE BLVI L 33614	)	SUITE 210	3910 NORTHDALE BOULEVARD SUITE 210 TAMPA, FL 33624							
El Number	: 59-2957640	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certifica	ate of Status Desired ( )						
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Reg	istered Agent:						
2901 BUS FAMPA, F		3	3910 NORT SUITE 210 TAMPA, FL	TAMPA, FL 33624 US							
	e named entity s e of Florida.	submits this statement for the po	urpose of changing it	s registered office or i	egistered agent, or both,						
SIGNATUI	RE:			C	4/23/2009						
	Electron	ic Signature of Registered Age	nt		Date						
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							
Fitle: Name: Address: Dity-St-Zip:	C () THORINGTON, 10117 BENNING TAMPA, FL 336	STON DR	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						
ītle: lame: lddress: City-St-Zip:	P () LAYTON, PATR 14520 THORNF TAMPA, FL 336	TELD COURT	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						
Fitle: Name: Address: City-St-Zip:	T () TALLEY, JAY 6602 FITZGER/ ODESSA, FL 3		Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						
Fitle: Name: Address: Dity-St-Zip:	DULLE, JIM	Delete L CREST DRIVE 3556	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						
Fitle: Name: Address: City-St-Zip:	DULLE, SHERY	L CREST DRIVE	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						
Fitle: Name: Address: City-St-Zip:	D () SCARBORO, JE 17002 WINNER ODESSA, FL 3	S CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition						

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:	PATRI	$\cup$	K. L		N					F	>	04/23/	2009	
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