

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09 1999 8:00 am
Secretary of State

DOCUMENT # N94000005706

1. Corporation Name

CONGRESS OF WOMEN IN MINISTRY INCORPORATED

Principal Place of Business

411 NW 1ST AVE
HALLANDALE FL 33009
US

Mailing Address

3401 NW 170TH STREET
OPALOCKA FL 33056



2. Principal Place of Business

21 3401 NW 170th Street
Suite, Apt. #, etc.

22 Opalocka, Fl. 33056
City & State

23 Zip Country
24 25 US

2a. Mailing Address

26 411 NW 1st Ave.
Suite, Apt. #, etc.

27 Hallandale Fl. 33009
City & State

28 Zip Country
29 30 US

3. Date Incorporated or Qualified

11/15/1994

4. FEI Number

65-0549852

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCRAE, GENEVA
2124 NW 42 ST
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

Geneva McCrae

82 Street Address (P.O. Box Number is Not Acceptable)

411 NW 1st Ave.

83

84 City

HALLANDALE

85 FL

Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Geneva McCrae Geneva West, President

2/24/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME MCCRAE, GENEVA
STREET ADDRESS 2124 NW 42 ST
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME WILLIAMS, STACY E
STREET ADDRESS 3601 NW 171ST STREET
CITY-ST-ZIP MIAMI FL 33054

TITLE TD
NAME CLAYTON, ALEXANDRIA C
STREET ADDRESS 3401 NW 170TH STREET
CITY-ST-ZIP MIAMI FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geneva McCrae President

(954) 456-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)