# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 02, 2003 8:00 am**
**Secretary of State**
05-05-2003 90229 024 ****61.25

DOCUMENT # N97000000494

1. Entity Name
TOTAL WOMEN OF AMERICA, INC.

55045376

| Principal Place of Business | Mailing Address |
|---|---|
| 901 JAN MAR COURT<br>A<br>CLERMONT FL 34711 | POST OFFICE BOX 120893<br>CLERMONT FL 34712-0893 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3077800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| JORDAN, EDWARD P II<br>13543 EAST HIGHWAY 50<br>CLERMONT FL 34711 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILBURN, RUBY J<br>111 E SUMTER ST<br>CLERMONT FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director, Debbie Jordan<br>10129 Jacaranda Ave<br>Clermont, FL 34711 D<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JORDAN, EDWARD P II<br>13543 EAST HIGHWAY 50<br>CLERMONT FL 34711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SORCHYII, PAUL C DR<br>305 EAST HWY 50<br>CLERMONT FL 34711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SORCHYII, PAUL C DR<br>1705 E HIGHWAY 50<br>CLERMONT, FL 34711 D<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, DARRIELL<br>1118 ARBOR HILLS CT.<br>CLERMONT FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pastor Ruthenia Moses<br>30 Johnson Ave.<br>Eatonville, Fla 32751 D<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WINN, GLENN<br>906 JAN MAR CT. SUITE A<br>CLERMONT FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TY Kirk Patrick<br>15206 Casper Lane<br>Clermont, FL 34711 M<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D.<br>RORIE, CANDACE<br>PO BOX 12-1462<br>CLERMONT FL 34712 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. 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 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:** SIGNATURE Requested 04/29/03 3523547771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #