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Jul 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004942 (5)**

1. Corporation Name

**WOMEN'S MINISTRY NETWORK, INC.**

Principal Place of Business

Mailing Address

**320 DIVISION AVENUE  
UNIT C  
ORMOND BEACH FL 32174**

**P.O. BOX 730296  
ORMOND BEACH FL 32173**



3. Date Incorporated or Qualified

**09/02/1997**

4. FEI Number

**59-3469281**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 595 NORTH NOVA ROAD**

**25 P.O. BOX 730296**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 109**

**27**

City & State

City & State

**23 ORMOND BEACH, FL**

**28 ORMOND BEACH, FL**

Zip

Zip

County **USA**

County

**24 32174**

**25 FLORIDA**

**29 32173**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAYNES, LISA L  
320 DIVISION AVENUE  
UNIT C  
ORMOND BEACH FL 32174**

81 Name

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

**440 SAULS STREET**

83

84 City

**ORMOND BEACH**

**FL**

85 Zip Code

**32174**

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

**LISA L. JAYNES**

**LISA L. JAYNES**

**4/29/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
JOSEPH C. JAYNES  
440 SAULS STREET  
ORMOND BEACH, FL 32174**

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

TITLE  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
LISA L. JAYNES  
440 SAULS STREET  
ORMOND BEACH, FL 32174**

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

TITLE  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
DELORES RILEY  
890 N. BOUNDARY, SUITE 102  
DELAND, FL 32720**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARIES  
DIANE MCALL  
1108 N. GARFIELD  
DELAND, FL 32720**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

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.

SIGNATURE:

**LISA L. JAYNES**

**4/29/98**

**004-176-7319**

CP2E037 (1097)