


FILE NOW: FILING FEE IS \$61.25

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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90227 006 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N97000004942</b>   |  |   |  |   |  |
| 1. Corporation Name<br><b>WOMEN'S MINISTRY NETWORK, INC.</b>                               |  |   |  |   |  |
| Principal Place of Business<br>595 NORTH NOVA RD<br>STE 109<br>ORMOND BEACH FL 32174<br>US |  |   | Mailing Address<br>P O BOX 730296<br>ORMOND BEACH FL 32173<br>US |   |  |



|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 2. Principal Place of Business<br>21 <b>440 Sauls St.</b>   |  | 2a. Mailing Address<br>26 <b>P.O. Box 730296</b> |   | 3. Date Incorporated or Qualified<br><b>09/02/1997</b>   |  |
| Suite, Apt. #, etc.<br>22   |  | Suite, Apt. #, etc.<br>27                        |   | 4. FEI Number<br><b>59-3469281</b>   |  |
| City & State<br>23 <b>Ormond Beach, FL</b>  |  | City & State<br>28 <b>Ormond Beach, FL</b>       |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| Zip<br>24 <b>32174</b>  |  | Zip<br>29 <b>32173</b>                           |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| Country<br>25 <b>U.S.A.</b>   |  | Country<br>30 <b>USA.</b>                        |   |  |  |
| 9. Name and Address of Current Registered Agent<br><b>JAYNES, LISA L</b><br><b>440 SAULS STREET</b><br><b>ORMOND BEACH FL 32174</b> |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>same</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |  |  |

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** **04-25-99**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DP<br>JAYNES, JOSEPH C<br>440 SAULS STREET<br>ORMOND BEACH FL 32174<br><input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>DP<br>JAYNES, LISA L<br>440 SAULS STREET<br>ORMOND BEACH, FL 32174<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VPD<br>JAYNES, LISA L<br>440 SAULS STREET<br>ORMOND BEACH FL 32174<br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>DVP<br>RILEY, DELORES<br>890-N BOUNDARY, STE-102<br>DELAND, FL 32720<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>RILEY, DELORES<br>890 N BOUNDARY, STE 102<br>DELAND FL 32720<br><input type="checkbox"/> DELETE              | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>DS<br>MCCALL, SARAH D.<br>1108 N. GARFIELD<br>DELAND, FL 32724<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>ST<br>MCCALL, DIANE<br>1108 N. GARFIELD<br>DELAND FL 32720<br><input type="checkbox"/> DELETE         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>DT<br>HALL, MARLENE<br>2690 GRACIE DRIVE<br>DELAND, FL 32724<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Lisa L. Jaynes **Lisa L. Jaynes** **04-25-99** **(904) 677-7886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)