

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004942

1. Entity Name

WOMEN'S MINISTRY NETWORK, INC. ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90004 003 ****61.25

Principal Place of Business

Mailing Address

440 SAULS ST
ORMOND BEACH FL 32174
US

P O BOX 730296
ORMOND BEACH FL 32173-0296
US

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

59-3469281

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

JAYNES, LISA L
440 SAULS STREET
ORMOND BEACH FL 32174

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JAYNES, LISA L
440 SAULS STREET
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RILEY, DELORES
890 N BOUNDARY, STE 102
DELAND FL 32720 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, DIANE RANGE-
1335 CADILLAC DR.
DAYTONA BEACH, FL. 32114 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MCCALL, DIANE
1108 N. GARFIELD
DELAND FL 32720 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CERIO, TIANNA L.
440 SAULS ST.
ORMOND BEACH, FL 32174 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MCCALL, SARAH D
1108 N. GARFIELD
DELAND FL 32724 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
da Roza, Consuelo M.
348 Bob White Ct., #7
DAYTONA BEACH, FL. 32119 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HALL, MARLENE
2690 GRACIE DR
DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HALL, MARLENE
2690 GRACIE DR.
DELAND, FL 32724 ☒ Change ☐ Addition
NAME CORRECTION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lisa L. Jaynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-00

(904)677-7886

CR2E037 (9/99)