2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N98000000324

Entity Name: CHRISTIAN WOMEN'S JOB CORPS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1906 LEE RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1906 LEE RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3530581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LATHAM, P. LYNN
1906 LEE RD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: LATHAM, LYNN
Address: 4503 LANDING DRIVE # A
City-St-Zip: ORLANDO, FL 32808

Title: SD ( ) Delete
Name: MASSEY, JULIE
Address: 603 FOREST GREEN COURT
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: SMITH, DOT
Address: 1120 DRUID
City-St-Zip: ORLANDO, FL 32751

Title: D ( ) Delete
Name: YATES, HELEN
Address: 1511 WHEELER ROAD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN LATHAM VD 05/04/2006
Electronic Signature of Signing Officer or Director — Date