

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001283

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: WOMEN IN DISCIPLESHIP, INC.

## Current Principal Place of Business:

970 TUSKAWILLA RD  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 694  
GOLDENROD, FL 32733

## New Mailing Address:

FEI Number: 59-3499892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANOR, TIMOTHY J  
215 N EOLA DR  
ORLANDO, FL 32801      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: TD ( ) Delete  
Name: WISE, HERB  
Address: 490 ESTHER LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete  
Name: MIKLER, ANDREW  
Address: 9958 LAKE GEORGE DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: DV ( ) Delete  
Name: HARE, KATY  
Address: 1000 EAST 1ST STREET  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: RITZ, PATRICIA  
Address: 2825 ABBEY ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: WISE, KAREN L  
Address: 490 ESTHER LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 327143235

Title: P ( ) Delete  
Name: DAVIS, SANDRA  
Address: 1394 LOHITE OAK DR  
City-St-Zip: WINTER SPRINGS, FL 32708

## 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:

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

Title: P (X) Change ( ) Addition  
Name: DAVIS, SANDRA  
Address: 1394 WHITE OAK DR  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERB WISE

TD

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date