

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001283

FILED
Mar 13, 2006
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:

2127 MIKLER ROAD
OVIEDO, FL 3765

Current Mailing Address:

PO BOX 694
GOLDENROD, FL 32733

New Mailing Address:

PO BOX 694
GOLDENROD, FL 32733 06

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:

WISE, STUART H
490 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714 US

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: STUART H WISE

03/13/2006

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WISE, STUART H
Address: 490 ESTHER LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: V (X) Change () Addition
Name: HARE, KATY
Address: 1000 EAST 1ST STREET
City-St-Zip: SANFORD, FL 32771

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

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: STUART H WISE

T

03/13/2006

Electronic Signature of Signing Officer or Director

Date