2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N98000001283

Entity Name: WOMEN IN DISCIPLESHIP, INC.

Current Principal Place of Business:

2127 MIKLER ROAD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 694
GOLDENROD, FL 32733 06

New Mailing Address:

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

WISE, STUART H
490 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714 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: T ( ) Delete
Name: WISE, STUART H
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: V ( ) Delete
Name: HARE, KATY
Address: 1000 EAST 1ST STREET
City-St-Zip: SANFORD, FL 32771

Title: P ( ) Delete
Name: DAVIS, SANDRA
Address: 1394 WHITE OAK DRIVE
City-St-Zip: WINTERSPRINGS, 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:

I hereby certify that the information supplied with this filing does not qualify 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 07/01/2009

Electronic Signature of Signing Officer or Director — Date