

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005092

1. Entity Name

Women of Destiny International

Principal Place of Business

Mailing Address

2. Principal Place of Business

5745 SW 75th STREET

Suite, Apt. #, etc.

121

3. Mailing Address

P.O. Box 140686

Suite, Apt. #, etc.

Gainesville, FL

City & State

Gainesville, Florida

City & State

FL

Zip

32608

Country

USA

Zip

32614

Country

USA

4. FEI Number

59-3534624

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Avon Witherspoon
5745 SW 75th Street #121
Gainesville, FL 32608

7. Name and Address of New Registered Agent

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

TITLE President ☐ Delete
NAME Avon Witherspoon
STREET ADDRESS 5745 SW 75th Street #121
CITY-ST-ZIP Gainesville, FL 32608

TITLE Vice President ☒ Delete
NAME Paula James (Deceased)
STREET ADDRESS 6643 Infantry Post Road
CITY-ST-ZIP Ft. Sam Houston, TX 78234

TITLE Secretary ☐ Delete
NAME Agnes Witherspoon
STREET ADDRESS 191 Thistle Hills East
CITY-ST-ZIP Archer, FL 32618

TITLE La Vern Witherspoon ☒ Delete
NAME La Vern Witherspoon
STREET ADDRESS P.O. Box 12493
CITY-ST-ZIP Durham, NC 27709

TITLE Cynthia Newsome ☐ Delete
NAME Cynthia Newsome
STREET ADDRESS P.O. Box 105
CITY-ST-ZIP Jenning, FL 32053

TITLE Steve Miller ☐ Delete
NAME Steve Miller
STREET ADDRESS 15620 SW 175th Ave
CITY-ST-ZIP Archer, FL 32618

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Treasurer ☒ Change ☒ Addition
NAME Joyce McCray
STREET ADDRESS 15426 NW 28th Avenue
CITY-ST-ZIP Newberry, FL 32669

TITLE Vice President ☒ Change ☐ Addition
NAME Cynthia Newsome
STREET ADDRESS P.O. Box 105
CITY-ST-ZIP Jenning, FL 32053

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

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:

Avon Witherspoon

Avon Witherspoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

352-333-0840

Daytime Phone #

CR2E037 (11/00)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90129 017 ****70.00

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DO NOT WRITE IN THIS SPACE