

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005092**

1. Entity Name

WOMEN OF DESTINY INTERNATIONAL, INC.

Principal Place of Business

**5745 SW 75TH STREET, #121
GAINESVILLE FL 32608**

Mailing Address

**PO BOX 140686
GAINESVILLE FL 32614**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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****WITHERSPOON, AVON
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 \$61.259. 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 **DP** ☐ Delete
NAME **WITHERSPOON, AVON**
STREET ADDRESS **5745 SW 75TH STREET, #121**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE **DS** ☐ Delete
NAME **WITHERSPOON, AGNES W**
STREET ADDRESS **191 THISTLE HILLS EAST**
CITY-ST-ZIP **ARCHER FL 32618**TITLE **T** ☐ Delete
NAME **MCCRAY, JOYCE**
STREET ADDRESS **15426 NW 28TH AVENUE**
CITY-ST-ZIP **NEWBERRY FL 32699**TITLE **D** ☐ Delete
NAME **MILLER, STEVE**
STREET ADDRESS **15620 SW 175TH AVE**
CITY-ST-ZIP **ARCHER FL 32618**TITLE **VP** ☐ Delete
NAME **NEWSOME, CYNTHIA**
STREET ADDRESS **PO BOX 105**
CITY-ST-ZIP **JENNINGS FL 32053**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90059 047 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)