


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005092</b>	
<b>1. Entity Name</b> WOMEN OF DESTINY INTERNATIONAL, INC.	

<b>Principal Place of Business</b> 5745 SW 75TH STREET, #121 GAINESVILLE, FL 32608	<b>Mailing Address</b> PO BOX 140686 GAINESVILLE, FL 32614
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3534624	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**8. Name and Address of Current Registered Agent**

WITHERSPOON, AVON  
5745 SW 75TH STREET, #121  
GAINESVILLE, FL 32608

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IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000053395  
02/15/04-20127-007 70.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	WITHERSPOON, AVON
<b>STREET ADDRESS</b>	5745 SW 75TH STREET, #121
<b>CITY-ST-ZIP</b>	GAINESVILLE, FL 32608
<b>TITLE</b>	DS
<b>NAME</b>	WITHERSPOON, AGNES W
<b>STREET ADDRESS</b>	191 THISTLE HILLS EAST
<b>CITY-ST-ZIP</b>	ARCHER, FL 32618
<b>TITLE</b>	T
<b>NAME</b>	MCCRAY, JOYCE
<b>STREET ADDRESS</b>	15426 NW 28TH AVENUE
<b>CITY-ST-ZIP</b>	NEWBERRY, FL 32699
<b>TITLE</b>	D
<b>NAME</b>	MILLER, STEVE
<b>STREET ADDRESS</b>	15620 SW 175TH AVE
<b>CITY-ST-ZIP</b>	ARCHER, FL 32618
<b>TITLE</b>	VP
<b>NAME</b>	NEWSOME, CYNTHIA
<b>STREET ADDRESS</b>	PO BOX 105
<b>CITY-ST-ZIP</b>	JENNINGS, FL 32053
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04  
Date Daytime Phone #