

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2005 08:00 AM
Secretary of State**

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**



03302005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WITHERSPOON, AVON
5745 SW 75TH STREET, #121
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WITHERSPOON, AGNES W
191 THISTLE HILLS EAST
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCCRAY, JOYCE
15426 NW 28TH AVENUE
NEWBERRY, FL 32699**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, STEVE
15620 SW 175TH AVE
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NEWSOME, CYNTHIA
PO BOX 105
JENNINGS, FL 32053**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000282394
03/31/05-80041-014 70.00

**DO NOT WRITE
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 / Avon Witherspoon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

352-333-0840

Daytime Phone #