

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005092

FILED
Mar 09, 2006
Secretary of State

Entity Name: WOMEN OF DESTINY INTERNATIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 140686
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-3534624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WITHERSPOON, AVON
5745 SW 75TH STREET, #121
GAINESVILLE, FL 32608 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: DP () Delete
Name: WITHERSPOON, AVON
Address: 5745 SW 75TH STREET, #121
City-St-Zip: GAINESVILLE, FL 32608

Title: DS () Delete
Name: WITHERSPOON, AGNES W
Address: 191 THISTLE HILLS EAST
City-St-Zip: ARCHER, FL 32618

Title: T () Delete
Name: MCCRAY, JOYCE
Address: 15426 NW 28TH AVENUE
City-St-Zip: NEWBERRY, FL 32699

Title: D () Delete
Name: MILLER, STEVE
Address: 15620 SW 175TH AVE
City-St-Zip: ARCHER, FL 32618

Title: VP () Delete
Name: NEWSOME, CYNTHIA
Address: PO BOX 105
City-St-Zip: JENNINGS, FL 32053

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AVON WITHERSPOON

PRES

03/09/2006

Electronic Signature of Signing Officer or Director

Date