


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 003 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3534624	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WITHERSPOON, AVON 5745 SW 75TH STREET, #121 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WITHERSPOON, AGNES <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Incorrect Spelling of Name <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Agnes Witherspoon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRAY, JOYCE 15426 NW 28TH AVENUE NEWBERRY, FL 32699 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STEVE 15620 SW 175TH AVE ARCHER, FL 32618 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSOME, CYNTHIA PO BOX 105 JENNINGS, FL 32053 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Avon Witherspoon</i>			2/17/07 352-333-0840 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					