

DOCUMENT # N98000006488

1. Entity Name

WOMEN OF EXCELLENCE MINISTRY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90092 023 ****70.00

Principal Place of Business

Mailing Address

414 3RD AVE NORTH
JACKSONVILLE BEACH FL 32250
US

2175 FOREST GATE DR E
JACKSONVILLE FL 32246-1127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3542467

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELTON, JOYCE C
2175 FOREST GATE DRIVE EAST
JACKSONVILLE FL 32246

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)

3/23/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME D BULLOCK, DONNA
STREET ADDRESS 1610 KINGS ROAD
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE Change Addition
NAME DIRECTOR DEENA BURR
STREET ADDRESS 13731 PICARSA DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE Delete
NAME D HALLBLADE, SUSAN
STREET ADDRESS 2608 SACK DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME D HERBERT, KATHY
STREET ADDRESS 7958 RENAULT DR N
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME P SHELTON, JOYCE C
STREET ADDRESS 2175 FOREST GATE DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME S MASTROCINQUE, TRACI L
STREET ADDRESS 2175 FOREST GATE DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME T SHELTON, CHARLES G
STREET ADDRESS 2175 FOREST GATE DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE 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

TRACI MASTROCINQUE

Date

3/23/00

Daytime Phone #

904-220-9916

CR2E037 (9/99)