

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 006 ****61.25

0060735

DOCUMENT # N98000006488

1. Entity Name

WOMEN OF EXCELLENCE MINISTRY, INC.

Principal Place of Business

Mailing Address

414 3RD AVE NORTH
 JACKSONVILLE BEACH FL 32250
 US

2175 FOREST GATE DR E
 JACKSONVILLE FL 32246
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3542467

Applied For

Not Applicable

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

Rev. Joyce Shelton President

4/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BULLOCK, DONNA	
STREET ADDRESS	1610 KINGS ROAD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURR, DEENA	
STREET ADDRESS	13731 PICARSA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERBERT, KATHY	
STREET ADDRESS	7958 RENAULT DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHELTON, JOYCE C	
STREET ADDRESS	2175 FOREST GATE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASTROCINQUE, TRACI L	
STREET ADDRESS	2175 FOREST GATE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHELTON, CHARLES G	
STREET ADDRESS	2175 FOREST GATE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN HALLBLADE	
STREET ADDRESS	2608 SACK DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNA HUGHES	
STREET ADDRESS	526 110 AVE. NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. Joyce Shelton* **REQUIRED: JOYCE SHELTON** *4/14/02* **(904) 220-9916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)