

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# N98000006488

Entity Name: WOMEN OF EXCELLENCE MINISTRY, INC.

Current Principal Place of Business:

2175 FOREST GATE DR. E.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2175 FOREST GATE DR E
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3542467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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 03/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BULLOCK, DONNA
Address: 1090 MAIN STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: BURR, DEENA
Address: 7780 WICKLEY DRIVE
City-St-Zip: CUMMING, GA 30041

Title: D () Delete
Name: SUDDUTH, COLLEEN
Address: 11612 DUNNES WAY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: SHELTON, JOYCE C
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: MASTROCINQUE, TRACI L
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: T () Delete
Name: SHELTON, CHARLES G
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BURR, DEENA
Address: 1988 WEB FOOT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: P (X) Change () Addition
Name: SHELTON, JOYCE C REV
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

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 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 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: REV. JOYCE SHELTON PRES 03/03/2005

Electronic Signature of Signing Officer or Director Date