

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006488

FILED  
Mar 17, 2006  
Secretary of State

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 REV  
2175 FOREST GATE DRIVE EAST  
JACKSONVILLE, FL 32246 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: D ( ) Delete  
Name: BULLOCK, DONNA  
Address: 1090 MAIN STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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 REV  
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: 201 NORTHBRIDGE COURT  
City-St-Zip: JACKSONVILLE, FL 32259

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: JOYCE C SHELTON

REV

03/17/2006

Electronic Signature of Signing Officer or Director

Date