

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006488

FILED
Jan 15, 2011
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
Name: BULLOCK, DONNA
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: DUBOSE, DEENA
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: SUDDUTH, COLLEEN
Address: 2175 FOREST GATE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: REV JOYCE SHELTON

PRES

01/15/2011

Electronic Signature of Signing Officer or Director

Date