

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-11-2003 90089 042 ****61.25

DOCUMENT # N98000006488

1. Entity Name
WOMEN OF EXCELLENCE MINISTRY, INC.



Principal Place of Business
**414 3RD AVE NORTH
JACKSONVILLE BEACH FL 32250
US**

Mailing Address
**2175 FOREST GATE DR E
JACKSONVILLE FL 32246
US**

2. Principal Place of Business
2175 FOREST GATE DR E.

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip
32246

Country
USA

4. FEI Number **59-3542467**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev. Joyce Shelton* DATE **4/10/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN SUODUTH	
STREET ADDRESS	11612 DUNES WAY DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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* DATE: **4/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)