2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001732

1. Entity Name

CHRISTIAN WOMEN'S JOB CORPORATION

Principal Place of Business	Mailing Address
116 NORTH LAKE AVENUE AVON PARK FL 33825	116 NORTH LAKE AVENUE AVON PARK FL 33825

2. Principal Place of Business
100 NORTH LAKE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
120 SOUTH ANOKA AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State		4. FEI Number	65-0961463	Applied For
AVON PARK, FL	AVON PARK	FLORIDA			Not Applicable
Zip 33825	Country USA	Zip 33825	Country USA	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CAROL
116 NORTH LAKE AVENUE
AVON PARK FL 33825

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.

SIGNATURE _Carol J. Hall_

5-8-02

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 **SD** NAME **CHILDRESS, SHARON** STREET ADDRESS **360 GROVE STREET** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **D** NAME **DONALDSON, DEVON P** STREET ADDRESS **1405 MISTY LAKE TERRACE** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **PD** NAME **HALL, CAROL** STREET ADDRESS **217 NORTH VERONA AVENUE** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **D** NAME **HECKARD, BETTY** STREET ADDRESS **405 SOUTH DELANEY AVENUE** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **D** NAME **HOLLEY, RON** STREET ADDRESS **102 EAST PALMETTO STREET** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **TD** NAME **J. DAVID LANGFORD** STREET ADDRESS **3060 NORTH CAMBRIDGE ROAD** CITY-ST-ZIP **AVON PARK FL 33825**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: _____   Deval P. Donaldson   3-12-02   863-453-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #