2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N99000001732

Entity Name: CHRISTIAN WOMEN'S JOB CORPORATION

Current Principal Place of Business:

100 NORTH LAKE AVENUE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0961463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, CAROL
100 N. LAKE AVE
AVON PARK, FL 33825 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: SD ( ) Delete
Name: CHILDRESS, SHARON
Address: 360 GROVE STREET
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: DONALDSON, DEVON P
Address: 1405 MISTY LAKE TERRACE
City-St-Zip: AVON PARK, FL 33825

Title: PD ( ) Delete
Name: HALL, CAROL
Address: 217 NORTH VERONA AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: HECKARD, BETTY
Address: 405 SOUTH DELANEY AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: HOLLEY, RON
Address: 102 EAST PALMETTO STREET
City-St-Zip: AVON PARK, FL 33825

Title: TD ( ) Delete
Name: J. DAVID LANGFORD,
Address: 3060 NORTH CAMBRIDGE ROAD
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: DEVON P DONALDSON D 04/27/2005

Electronic Signature of Signing Officer or Director — Date