
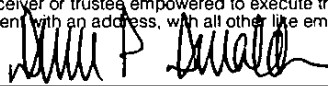


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90086 016 ****61.25

DOCUMENT # N99000001732 1. Entity Name CHRISTIAN WOMEN'S JOB CORPORATION					
Principal Place of Business 100 NORTH LAKE AVENUE AVON PARK, FL 33825				Mailing Address 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0961463	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALL, CAROL 100 N. LAKE AVE AVON PARK, FL 33825				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILDRESS, SHARON		NAME		
STREET ADDRESS	360 GROVE STREET		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONALDSON, DEVON P		NAME	D GEORGE A. HALL	
STREET ADDRESS	1405 MISTY LAKE TERRACE		STREET ADDRESS	118 NORTH VERONA AVENUE	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, CAROL		NAME		
STREET ADDRESS	217 NORTH VERONA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECKARD, BETTY		NAME		
STREET ADDRESS	405 SOUTH DELANEY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	J. DAVID LANGFORD		NAME	DEVON P. DONALDSON	
STREET ADDRESS	3060 NORTH CAMBRIDGE ROAD		STREET ADDRESS	1405 MISTY LAKE TERRACE	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEVON P. DONALDSON		
			Date 4-30-07		
			Daytime Phone # 863 453-2335		