

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961463	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, CAROL
100 N. LAKE AVE
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000944750
05/29/08-80110-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHILDRESS, SHARON 360 GROVE STREET AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GEORGE A 118 NORTH VERONA AVENUE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, CAROL 217 NORTH VERONA AVENUE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKARD, BETTY 405 SOUTH DELANEY AVENUE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALDSON, DEVON P 1405 MISTY LAKE TERRACE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-30-08

Date

Daytime Phone #