

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90136 038 ****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0961463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, CAROL
116 NORTH LAKE AVENUE
AVON PARK FL 33825**

Name

Street Address (P.O. Box Number is Not Acceptable)

**100 N. Lake Ave
Avon Park, FL.**

City

FL

Zip Code

33825

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **CHILDRESS, SHARON**
STREET ADDRESS **360 GROVE STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DONALDSON, DEVON P**
STREET ADDRESS **1405 MISTY LAKE TERRACE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HALL, CAROL**
STREET ADDRESS **217 NORTH VERONA AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HECKARD, BETTY**
STREET ADDRESS **405 SOUTH DELANEY AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLLEY, RON**
STREET ADDRESS **102 EAST PALMETTO STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **J. DAVID LANGFORD**
STREET ADDRESS **3060 NORTH CAMBRIDGE ROAD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ 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:

[Signature] **REQUIRED**

4-2203

863-453-2335

CR2E037 (10/02)