


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002827 1. Entity Name GOD'S WOMEN OF DESTINY INC.	
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Principal Place of Business 11775 SW 273RD ST. HOMESTEAD, FL 33032	Mailing Address P.O. BOX 924067 HOMESTEAD, FL 33032
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0916314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARROTT, OPHELIA R
11775 SW 273RD ST.
HOMESTEAD, FL 33032

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105732 04/07/04-80037-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARROTT, OPHELIA 11775 SW 273RD ST. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FORD, LORETA 1931 NW 194 TERR CORAL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLEMAN, ELVIE 11112 SW 162 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKENZIE, MARJORIE 11435 SW 133 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Opheha L. Carrott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/7/04</i> <i>305-258-0612</i> <small>Date Daytime Phone #</small>
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