

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004343

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: ALL NATIONS WOMEN MINISTRIES, INC.

**Current Principal Place of Business:**

1015 W NEWPORT CENTER DR  
#104  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1015 W NEWPORT CENTER DR  
#104  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 65-0933721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLSEN, GERARD M  
10768 LAKE OAK WAY  
BOCA RATON, FL 33498 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: DP ( ) Delete  
Name: KUZIA, ELIZABETH  
Address: 21650 JUEGO CIRCLE #24L  
City-St-Zip: BOCA RATON, FL 33433

Title: DT ( ) Delete  
Name: SANCHEZ, BERLISA  
Address: 22112 PALMS WAY, #105  
City-St-Zip: BOCA RATON, FL 33433

Title: DS ( ) Delete  
Name: FURTADO, ZILDILAINE  
Address: 6263 NW 36 AVE  
City-St-Zip: COCONUT CREEK, FL 33073

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELIZABETH KUZIA

DP

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date