2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# N99000005149

Entity Name: WOMEN WITH A MISSION, INC.

Current Principal Place of Business:

18990 SE KOKOMO LANE
JUPITER, FL 33458

New Principal Place of Business:

15 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469

Current Mailing Address:

18990 SE KOKOMO LANE
JUPITER, FL 33458

New Mailing Address:

P.O. BOX 3536
TEQUESTA, FL 33469

FEI Number: 65-0965843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, DESSIE
18990 SE KOKOMO LANE
JUPITER, FL 33458

Name and Address of New Registered Agent:

DOYLE, DESSIE
15 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469

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: DESSIE DOYLE 04/18/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOYLE, DESSIE
Address: 18990 SE KOKOMO LANE
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete
Name: DOWLER, JULIE
Address: 394 NORFOLK AVE
City-St-Zip: TEQUESTA, FL 33469

Title: S ( ) Delete
Name: RAMSPACHER, EILEEN
Address: 5394 POINT LANE E
City-St-Zip: JUPITER, FL 33458

Title: T ( ) Delete
Name: THOMAS, LORI
Address: 19193 GULFSTREAM DRIVE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CORTON, TERRY
Address: 17457 SE INDIAN HILLS DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: VP (X) Change ( ) Addition
Name: ZAINO, LYN
Address: 181 BEACON LANE
City-St-Zip: TEQUESTA, FL 33469

Title: S (X) Change ( ) Addition
Name: COCCO, TAMI
Address: 4352 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: T (X) Change ( ) Addition
Name: WORSHAM, REBA
Address: 15 LAUREL OAKS CIRCLE
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REBA WORSHAM T 04/18/2004
Electronic Signature of Signing Officer or Director Date