

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005149

FILED
May 09, 2005
Secretary of State

Entity Name: WOMEN WITH A MISSION, INC.

Current Principal Place of Business:

15 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469

New Principal Place of Business:

17457 SE INDIAN HILLS DRIVE
TEQUESTA, FL 33469

Current Mailing Address:

P.O. BOX 3536
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0965843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOYLE, DESSIE
15 LAUREL OAKS CIRCLE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

DOYLE, DESSIE
17457 SE INDIAN HILLS DRIVE
TEQUESTA, FL 33469 US

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

05/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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:

Title: T (X) Change () Addition
Name: WORSHAM, REBA
Address: 433-C NORTH CYPRESS DRIVE
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

05/09/2005

Electronic Signature of Signing Officer or Director

Date