I hereby 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 all other like empowered.

SIGNATURE: SELENA MICHELLE EDWARDS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N11000006106 Entity Name: THE FRUIT OF THE SPIRIT WOMEN ORGANIZATION INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

3144 DOUBLE OAKS DRIVE JACKSONVILLE, FL 32226

### **Current Mailing Address:**

3144 DOUBLE OAKS DRIVE JACKSONVILLE, FL 32226

## FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

EDWARDS, SELENA M 3144 DOUBLE OAKS DRIVE JACKSONVILLE, FL 32226 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:

#### **Officer/Director Detail :**

Title	PRESIDENT	Title	VICE PRESIDENT
Name	EDWARDS, SELENA M	Name	SMITH, JOYCE G
Address	3144 DOUBLE OAKS DRIVE	Address	7205 WELLAND ROAD
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32209

Electronic Signature of Registered Agent					
ctor Detail :					
PRESIDENT	Title	VICE PRESIDENT			
EDWARDS, SELENA M	Name	SMITH, JOYCE G			

OWNER

Certificate of Status Desired: Yes

FILED Mar 29, 2019 Secretary of State 0339530385CC

Date

03/29/2019 Date