

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006106

**Entity Name:** THE FRUIT OF THE SPIRIT WOMEN ORGANIZATION INC.

**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

**Certificate of Status Desired:** Yes

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EDWARDS, SELENA M  
Address        3144 DOUBLE OAKS DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title            VICE PRESIDENT  
Name            BROWN, ANNETTE  
Address        6677 RESTLAWN DRIVE  
City-State-Zip: JACKSONVILLE FL 32208

Title            DIRECTOR  
Name            SMITH, JOYCE G  
Address        7205 WELLAND ROAD  
City-State-Zip: JACKSONVILLE FL 32209

*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 M. EDWARDS

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date