

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006306

**Entity Name:** WOMEN IN MINISTRY ALLIANCE, INC.**Current Principal Place of Business:**1049 WINFIELD FOREST DRIVE  
TALLAHASSEE, FL 32317**Current Mailing Address:**P.O. BOX 5344  
TALLAHASSEE, FL 32314 US**FEI Number:** 81-3636327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIXON, RENITA ALLEN  
1049 WINFIELD FOREST DRIVE  
TALLAHASSEE, FL 32317 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:** RENITA ALLEN DIXON

04/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	DIXON, RENITA ALLEN
Address	P.O. BOX 7161
City-State-Zip:	TALLAHASSEE FL 32314

Title	1VP
Name	RICHARDSON, PERNELLA DR.
Address	1049 WINFIELD FOREST DRIVE
City-State-Zip:	TALLAHASSEE FL 32317

Title	2 VP
Name	MORRIS, TAWANNA DR.
Address	5430 EASTON POINTE WAY
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREA
Name	TOWELS, SUSAN PASTOR
Address	907 SAN LUIS ROAD
City-State-Zip:	TALLAHASSEE FL 32304

Title	SECR
Name	LINDSEY, JEANETTE PASTOR
Address	P.O. BOX 6391
City-State-Zip:	TALLAHASSEE FL 32314

Title	ASEC
Name	LINDSEY, JEANETTE PASTOR
Address	P.O. BOX 6391
City-State-Zip:	TALLAHASSEE FL 32314

*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:** PERNELLA RICHARDSON

1VP

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date