

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33960** (8)

1. Corporation Name

WOMEN IN FILM/CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

4823 SILVERSTAR RD. #140
P.O. BOX 680577
ORLANDO FL 32868

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P.O. BOX 680577
ORLANDO FL 32868

3. Date Incorporated or Qualified 08/25/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2965845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROARK, HOLLY
757 ANTONETTE AVENUE
WINTER PARK FL 32789**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, SUE	1.2 NAME	
STREET ADDRESS	924 YELLOW ROSE DRIVE	1.3 STREET ADDRESS	<i>same</i>
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INMAN, SANDY	2.2 NAME	MARGE WOODS
STREET ADDRESS	20505 US 19N 12-307	2.3 STREET ADDRESS	711 EXECUTIVE DR.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT (P)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKENS, MELVA	3.2 NAME	
STREET ADDRESS	843 LAUREL AVE	3.3 STREET ADDRESS	<i>same</i>
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLESHER, NANCY	4.2 NAME	
STREET ADDRESS	229 ALMA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, VICTORIA J.	5.2 NAME	
STREET ADDRESS	4823 SILVERSTAR RD S140	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CHRIS KUFTA
STREET ADDRESS		6.3 STREET ADDRESS	2000 Universal Studios Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32819

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy R. Flesher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY R. FLESHER TOR

5/1/96 (407)933-5998
Date Daytime Phone #

CR2E037 (12/95)