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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90130 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33960

1. Corporation Name
WOMEN IN FILM/CENTRAL FLORIDA, INC.

Principal Place of Business 9460 DELEGATES DRIVE STE 103 ORLANDO FL 32837 US	Mailing Address 4823 SILVERSTAR RD. #140 P.O. BOX 680577 ORLANDO FL 32868
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/25/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 680577	4. FEI Number 59-2965845
City & State 23	City & State 28 ORLANDO, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 32968	Country 30 USA

9. Name and Address of Current Registered Agent

ROARK, HOLLY
757 ANTONETTE AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKENS, MELVA	1.2 NAME	
STREET ADDRESS	843 LAUREL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLESHER, NANCY	2.2 NAME	
STREET ADDRESS	229 ALMA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, KATHYRN	3.2 NAME	
STREET ADDRESS	405 ALSTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORALNDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KELLY GRIFFIN
STREET ADDRESS		4.3 STREET ADDRESS	3219 Palmer St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL. 32
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** **1/12/99** **(407) 933-7650**
Signature and typed or printed name of signing officer or director Date Daytime phone #

CR2E037 (1/98)