

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90020 033 ****61.25

DOCUMENT # N33960

1. Entity Name

WOMEN IN FILM/CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**9460 DELEGATES DRIVE
 STE 103
 ORLANDO FL 32837
 US**

**P.O. BOX 680577
 ORLANDO FL 32868-0577**

806768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9460 Delegates Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State
ORLANDO, FL

4. FEI Number

59-2965845

Applied For

Not Applicable

Zip

Country

Zip
32837

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
VPD	GRIFFIN, KELLY		
	3219 PALMER ST.		
	ORLANDO FL		
TD	FLESHER, NANCY		
	229 ALMA ST.		
	KISSIMMEE FL		
PD	WATERS, KATHYRN		
	405 ALSTON STREET		
	ORALNDO FL 32835		

CR2E037 (\$999)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy R. Flesher (NANCY R. FLESHER TRS)** 1-20-00 (407) 933-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #