2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N47352

1. Entity Name



FILED Apr 12, 2004 8:00 am Secretary of State

	R ORLANDO CHAPTER #7 ATION OF WOMEN IN COM			04-1	12-2004 90651 0	26 ****61.2	25	
617 E. COL	ce of Business ONIAL DR.	Mailing Address 617 E. COLONIAL DR.		,				
ORLANDO	FL 32803	ORLANDO FL 32803		 - 	 			
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		мос	ORE CR2E0	37 (11/03)		
City & Stat	te	City & State		4. FEI Number 59-	3118249	<u>_</u>	plied For t Applicable	
Zip	Country	Zip	Country	, 5. Certificate of Statu	s Desired 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current	nt Registered Agent		7. Name and Addres	s of New Registered	Agent		
A	STATISTICS.		Name	ي د د دستسونه د	ا ما المسلم المالية ال			
STARN, LILLIAN E. 617 E. COLONIAL DRIVE ORLANDO FL 32803			Street A	Street Address (P.O. Box Number is Not Acceptable)				
J								
			City	·	F	L Zip Code	е	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office of	registered agent, or both, in the	e State of Florida. I an	n familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signat	tre required when reinstating)	DATE			
	Signature, typed or printed name of registered agr FILE NOW: FEE IS \$61.25 Due By May 1, 2004	Post de la companya del companya de la companya del companya de la	npaign Financing	ure required when reinstating) \$5.00 May Be Added to Fees	e politica de la composição de la	ck Payable intment of S		
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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: Barbare Breeze Da Dara Krall	4.2.04	407 629 1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #