

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004119 (1)
 1. Corporation Name
CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.



Principal Place of Business 1501 WESTCHESTER AVENUE WINTER PARK FL 32789	Mailing Address 1501 WESTCHESTER AVENUE WINTER PARK FL 32789-5536
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2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 536522		3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3396077	Applied For Not Applicable
City & State 23		City & State 28 Orlando, Florida		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 32853	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent JACOBS, PENNY K 1214 EAST CONCORD STREET ORLANDO FL 32803				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JACOBS, PENNY K 1214 EAST CONCORD STREET ORLANDO FL 32803				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City FL B5 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MURRU, TERRI		1.2 NAME	
STREET ADDRESS 1501 WESTCHESTER AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KELLMAN, NANCY		2.2 NAME	
STREET ADDRESS 3019 NORTHWOOD BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRATZER, MARSHALL		3.2 NAME	
STREET ADDRESS 180 LANDOVER PLACE APT 194W		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32750		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Penny Kfare Jacobs	
STREET ADDRESS		4.3 STREET ADDRESS 1214 E. Concord Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Orlando, Florida 32803	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Barbara Elrod	
STREET ADDRESS		5.3 STREET ADDRESS 504 Shannon Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Orlando, Florida 32806	
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 do 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.

SIGNATURE: *Penny Kfare Jacobs* 1/23/97 407-896-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012428

CR2E037 (9/96)