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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT #

N96000004119 (1)

CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC

02	AL FLORIDA WOIVICH S EIVI	_ndeNot toND, IN	ن.					
Principal Plac	e of Business	Mailing Address				- I EUNAFRINI DIO ESCIO DEREJ 30011 UDEFE 30011 EULI	UB	
1501 WESTCHE WINTER PARK		P.O. BOX 536522 ORLANDO FL 32853 US				3. Date Incorporated or Qualified 08/05/1996 4. FEI Number		pplied For
2. Principal P	lace of Business	2a. Mailing Address				59-3396077		lot Applicable Additional
	E. Concord St.	26				5. Certificate of Status Desired		Additional Required
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.		<u> </u>		6. Election Campaign Financing	\$5.00	May Be
22		27				Trust Fund Contribution	Added	
City & State		City & State				7. Is this nonprofit corporation a homeowi		on?
	ndo, FL Country	Zip	Cot	ıntry		8. This corporation owes or has paid the	No No	tongible.
Zip 32801	3 USA	29	30			Personal Property Tax due June 30.		X No
	9. Name and Address of Current	Registered Agent	11			10. Name and Address of New Registere	ed Agent	
				81 Na	ne			
	, PENNY K			82 Str	eet Addre	ess (P.Ö. Box Number is Not Acceptable)		
1214 EAST CONCORD STREET ORLANDO FL 32803				83				<del></del>
ONLAMO	U FL 32803							
				84 Cit	′	F	<b>85</b> Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 617.1508, Florida Stat of Florida. Such change was ions of, Section 617.0503,	utes, the a s authorize Florida Sta	bove-nand by the tutes.	ned corpo corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing pointment as	its registered s registered
SIGNATURE _								1
	Signature, typed or printed name of registered agent			d Agent sign	ature require	d when reinstating) DATE	·	DC IN 12
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12.	OFFICERS AND		13.	TLE	DT	ADDITIONS/CHANGES TO OFFICERS A	·	RS IN 12
12. TITLE NAME	OFFICERS AND DT MURRU, TERRI	DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	DT Po	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AND DT MURRU, TERRI 1501 WESTCHESTER AVENUE	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TLE	DT Po	ADDITIONS/CHANGES TO OFFICERS A  lley, JoAnn  Warrenton Road	ND DIRECTO	
12. TITLE NAME	OFFICERS AND DT MURRU, TERRI	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TLE AME TREET ADDRE ITY-ST-ZIP	DT Po	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DT MURRU, TERRI 1501 WESTCHESTER AVENUE WINTER PARK FL DS	DIRECTORS  [X] DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 C	TLE AME TREET ADDRE ITY-ST-ZIP TLE	DT Po	ADDITIONS/CHANGES TO OFFICERS A  lley, JoAnn  Warrenton Road	ND DIRECTO Change	Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	OFFICERS AND DT MURRU, TERRI 1501 WESTCHESTER AVENUE WINTER PARK FL DS KELLMAN, NANCY	DIRECTORS  [X] DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TLE AME TREET ADDRE ITY-ST-ZIP TLE AME	DT Po \$\$ 41 Wi	ADDITIONS/CHANGES TO OFFICERS A  lley, JoAnn  Warrenton Road	ND DIRECTO Change	Addition
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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.

SIGNATURE: 

\*\*LIVENT\*\*

\*\*LIVEN