

FILE NOW: FILING FEE IS \$61.25

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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 536522 ORLANDO FL 32853 US
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3. Date Incorporated or Qualified
08/05/1996

4. FEI Number
59-3396077

Applied For	Not Applicable
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2. Principal Place of Business 21 1214 E. Concord St.	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 Orlando, FL	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 32803	Country 25 USA	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	DT MURRU, TERRI 1501 WESTCHESTER AVENUE WINTER PARK FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DT Polley, JoAnn 415 Warrenton Road Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLMAN, NANCY 3019 NORTHWOOD BLVD. ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, PENNY 1214 EAST CONCORD STREET ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELROD, BARBARA 504 SHANNON ROAD ORLANDO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Penny K. Jacobs, Pres. 1/7/98 407/896-9400

CR2E037 (10/97)