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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004119

1. Corporation Name  
CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.

Principal Place of Business

1214 E CONCORD ST  
ORLANDO FL 32803  
US

Mailing Address

P.O. BOX 536522  
ORLANDO FL 32853  
US



2. Principal Place of Business

21 P.O. Box 536522  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3396077

Applied For

Not Applicable

22 City & State

23 Orlando, FL

27 City & State

28

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip 32853 25 Country US

29 Zip 30 Country

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

DT  
NAME POLLEY, JOANN  
STREET ADDRESS 415 WARRENTON ROAD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE  DELETE

DS  
NAME KELLMAN, NANCY  
STREET ADDRESS 3019 NORTHWOOD BLVD.  
CITY-ST-ZIP ORLANDO FL

TITLE  DELETE

DP  
NAME JACOBS, PENNY  
STREET ADDRESS 1214 EAST CONCORD STREET  
CITY-ST-ZIP ORLANDO FL

TITLE  DELETE

DV  
NAME ELROD, BARBARA  
STREET ADDRESS 504 SHANNON ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1124 Lake Willisara Circle  
Orlando, FL 32806

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Penny K. Jacobs*  
Penny K. Jacobs  
Pres

Date

1/6/99

Daytime Phone #

407-896-9400

CR2E037 (1/98)