

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90034 020 ****61.25

DOCUMENT # N96000004119

1. Entity Name

CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.

Principal Place of Business

Mailing Address

P O BOX 536522
 ORLANDO FL 32853
 US

P.O. BOX 536522
 ORLANDO FL 32853-6522
 US

AR000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396077

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, PENNY K
1214 EAST CONCORD STREET
ORLANDO FL 32803

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DT						
	POLLEY, JOANN	415 WARRENTON ROAD	WINTER PARK FL 32792				
	DS						
	KELLMAN, NANCY	3019 NORTHWOOD BLVD.	ORLANDO FL				32803
	DP						
	JACOBS, PENNY	1214 EAST CONCORD STREET	ORLANDO FL				32803
	DV						
	ELROD, BARBARA	1124 LAKE WILLISARA CIRCLE	ORLANDO FL 32806				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny K. Jacobs
 President 1/6/00

407-896-9400

Date

Daytime Phone #