


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004119
1. Entity Name
CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.



Principal Place of Business Mailing Address
P O BOX 536522 P.O. BOX 536522
ORLANDO, FL 32853 US ORLANDO, FL 32853 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3396077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, PENNY K
1516 E. HILCREST ST.
SUITE 108
ORLANDO, FL 32803

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLEY, JOANN 415 WARRENTON ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLMAN, NANCY 3019 NORTHWOOD BLVD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, PENNY 1516 E. HILCREST ST., #108 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELROD, BARBARA 1620 MAYFLOWER COURT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/06-80011-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Penny K Jacobs Penny K Jacobs 1-18-06 407-896-9416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #