

N96000004119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

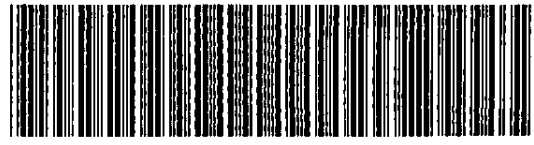
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Women's Emergency Fund, Inc.
Name of Corporation

DOCUMENT NUMBER: N96000004119

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JoAnn Polley
Name of Contact Person

CFWEF.
Firm/Company

PO Box 536522
Address

ORL, FL 32853
City/State and Zip Code

joann @ iid.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnn Polley at (407) 443-3085
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Central Florida Women's Emergency Fund, Inc.

2. The principal office address: P.O. Box 536522, Orlando, Florida 32853

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/05/1996 Document number: N96000004119

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned Penny K Jacobs
1516 E. Hillcrest St. #08
Orlando, FL 32803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JoAnn Polley
415 Warrenton
P.O. Box NOT acceptable
Winter Park, Fl 32792

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

JoAnn Polley
Signature of an officer or director

JoAnn Polley
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

JoAnn Polley
Signature of Registered Agent

8/3/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314