

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004119

**Entity Name:** CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.

**Current Principal Place of Business:**

415 WARRENTON RD.  
WINTER PARK, FL 32792

**Current Mailing Address:**

P.O. BOX 536522  
ORLANDO, FL 32853 US

**FEI Number: 59-3396077**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POLLEY, JOANN  
415 WARRENTON RD  
WINTER PARK, FL 32792 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name POLLEY, JOANN  
Address 415 WARRENTON ROAD  
City-State-Zip: WINTER PARK FL 32792

Title DS  
Name KELLMAN, NANCY  
Address 3019 NORTHWOOD BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title DV  
Name ELROD, BARBARA  
Address 1620 MAYFLOWER COURT  
City-State-Zip: WINTER PARK FL 32792

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOANN POLLEY**

**PRESIDENT**

**05/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date