WINT EICH							
The above n	amed entity submits this statement for the purpose	of changing its registered office or I	registered agent, or both, in the State of Florida.				
SIGNATI	JRE:						
	Electronic Signature of Registered Agent						
Officer/D	Director Detail :						
Title	DT	Title	VP				
Name	POLLEY, JOANN	Name	PINEIRO, STEPHANIE				

2018	FLORIDA NOT	FOR PROFIT	CORPORATI	ION 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

Name and Address of Current Registered Agent:

415 WARRENTON ROAD

WINTER PARK FL 32792

SECRETARY

SCHWARTZ, STEVE

415 WARRENTON RD. WINTER PARK FL 32792

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

Address

Title

Name Address

City-State-Zip:

City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

Apr 19, 2018 Secretary of State CC0090568101

FILED

Certificate of Status Desired: No

PINEIRO, STEPHANIE Name Address 415 WARRENTON RD. City-State-Zip: WINTER PARK FL 32792

04/19/2018 Date

Date

PRESIDENT