

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706509

1. Entity Name

WOMEN'S RESIDENTIAL AND COUNSELING CENTER, INC.

Principal Place of Business

107 HILLCREST AVE  
ORLANDO FL 32801

Mailing Address

P O BOX 5983  
WINTER PARK FL 32793-983  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0760229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOEPNER, CAROL  
4319 MANDY COURT  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME ERWIN, SHERRI  
STREET ADDRESS 601 BRECHIN DR  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE VPD  
NAME KRAUSE, BETTY  
STREET ADDRESS 535 N INTERLACHEN #302  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE TD  
NAME CRAMER, PHYLIS  
STREET ADDRESS 2109 TUSCARORA TRAIL  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE TD  
NAME KELLOGG, STANLEY  
STREET ADDRESS 1420 NOBLE ST  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

PHYLIS H CRAMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02  
Date

407-641-4478  
Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE