

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90071 043 ****61.25

001669

DOCUMENT # 713615

1. Corporation Name

**COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CE
NTRAL FLORIDA, INC.**

Principal Place of Business

**2700 LAKE SHORE DR
ORLANDO FL 32803**

Mailing Address

**2700 LAKE SHORE DR
ORLANDO FL 32803**



2. Principal Place of Business

21 2700 Lake Shore Dr

2a. Mailing Address

26 2700 Lake Shore Dr

Suite, Apt. #, etc.

22 Orlando FL

Suite, Apt. #, etc.

27 Orlando, FL

City & State

23 32803 Orange

City & State

28 32803 Orange

Zip Country

24 25 29 30

Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1967

4. FEI Number

59-6214617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

**ETTINGER, BEATRICE B.
2700 LAKE SHORE DR.
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **BROWN, DIANE J**

STREET ADDRESS **516 APPLEWOOD AVE**

CITY-ST-ZIP **ALTAMONTE SPRGS, FL00000**

TITLE **TD** ☐ DELETE

NAME **CROTTY, MARILYN**

STREET ADDRESS **150 SPRING COVE TRAIL**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VD** ☐ DELETE

NAME **MACMAHON, ALICE T**

STREET ADDRESS **1111 WILLOWBROOK TRAIL**

CITY-ST-ZIP **MAITLAND, FL 00000**

TITLE **PD** ☐ DELETE

NAME **ETTINGER, BEATRICE B**

STREET ADDRESS **2700 LK SHORE DR**

CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beatrice B. Ettinger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (407) 896-4315
Date Daytime Phone #

CR2E037 (11/98)