

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90001 018 ****61.25

DOCUMENT # 713615

1. Entity Name

**COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF
CENTRAL FLORIDA, INC.**



Principal Place of Business

**1620 MAYFLOWER COURT
A-415
WINTER PARK FL 32792**

Mailing Address

**1620 MAYFLOWER COURT
A-415
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-6214617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETTINGER, BEATRICE B.
1620 MAYFLOWER COURT
APT A415
WINTER PARK FL 32792**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BROWN, DIANE J
516 APPLEWOOD AVE
ALTAMONTE SPRINGS FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CROTTY, MARILYN
150 SPRING COVE TRAIL
ALTAMONTE SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MACMAHON, ALICE T
1111 WILLOWBROOK TRAIL
MAITLAND, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ETTINGER, BEATRICE B
1620 MAYFLOWER COURT APT 415
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Rosalind E. Fuchs
956 Stonewood Lane
Maitland, FL 32751** ☐ Change ☒ Addition

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

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☐ Change ☐ Addition

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: Beatrice B. Ettinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/04

Date

407-679-3456

Daytime Phone #