


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713615**  
1. Entity Name  
**COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF  
CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**1620 MAYFLOWER COURT  
A-415  
WINTER PARK FL 32792**      **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

1st MOORE      CR2E037 (10/05)  
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  
**ETTINGER, BEATRICE B.  
1620 MAYFLOWER COURT  
APT A415  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FUCHS, ROSALIND E</b>	
STREET ADDRESS	<b>956 STONEWOOD LANE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CROTTY, MARILYN</b>	
STREET ADDRESS	<b>150 SPRING COVE TRAIL</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MACMAHON, ALICE T</b>	
STREET ADDRESS	<b>1111 WILLOWBROOK TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ETTINGER, BEATRICE B</b>	
STREET ADDRESS	<b>1620 MAYFLOWER COURT APT 415</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000396598  
01/30/06-80016-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.