

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 713615

Entity Name: COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1620 MAYFLOWER COURT
A-415
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1620 MAYFLOWER COURT
A-415
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-6214617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FUCHS, ROSALIND E
Address: 956 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: CROTTY, MARILYN,
Address: 150 SPRING COVE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VD () Delete
Name: MACMAHON, ALICE T,
Address: 1111 WILLOWBROOK TRAIL
City-St-Zip: MAITLAND, FL 00000,

Title: PD () Delete
Name: ETTINGER, BEATRICE B,
Address: 1620 MAYFLOWER COURT APT 415
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEATRICE B. ETTINGER

PD

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date