

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90134 011 \*\*\*\*61.25

**DOCUMENT # 713615**

1. Entity Name

**COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CE  
NTRAL 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

*1620 Mayflower Ct.  
Suite, Apt. #, etc.  
A 415*

3. Mailing Address

*1620 Mayflower Ct.  
Suite, Apt. #, etc.  
A 415*

City & State

*Winter Park, Fl.*

City & State

*Winter Park, Fl.*

Zip

*32792*

Country

*Orange*

Zip

*32792*

Country

*Orange*

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

4. FEI Number **59-6214617**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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 **1620 MAYFLOWER COURT APT 415**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

*3/3/03 407-679-3456*

CP2E037 (10/02)