

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770395

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** CENTRAL FLORIDA WOMEN'S RESOURCE CENTER, INC.

**Current Principal Place of Business:**

507 E. MICHIGAN ST.  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

507 E. MICHIGAN ST.  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-2392616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCOY, KATHY  
4235 QUANDO DRIVE  
ORLANDO, FL 32812 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: TD ( ) Delete  
Name: MCCOY, KATHY  
Address: 4235 QUANDO DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: PTD ( ) Delete  
Name: AKER, RALPHETTA  
Address: 8334 SNOWFIRE DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: NARVAEZ, LOLA  
Address: 1021 PADDINGTON TERR  
City-St-Zip: HEATHROW, FL 32746

Title: VT ( ) Delete  
Name: KERSMARKI, MAUREEN  
Address: 1016 SHADY LANE DR  
City-St-Zip: ORLANDO, FL 32804

Title: VT ( ) Delete  
Name: VALARINO, LIZETTE  
Address: 4123 PACIFICA DR  
City-St-Zip: ORLANDO, FL 32817

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPHETTA AKER

PRES

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date