
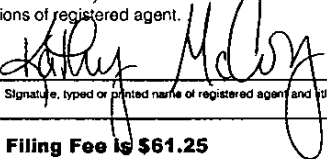
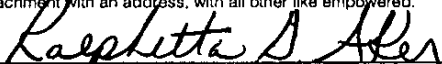


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 011 ****61.25

DOCUMENT # 770395 1. Entity Name CENTRAL FLORIDA WOMEN'S RESOURCE CENTER, INC.					
Principal Place of Business 507 E. MICHIGAN ST. ORLANDO, FL 32806			Mailing Address 507 E. MICHIGAN ST. ORLANDO, FL 32806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2392616				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCOY, KATHY 4235 QUANDO DRIVE ORLANDO, FL 32812			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/9/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, KATHY		NAME		
STREET ADDRESS	4235 QUANDO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	PTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKER, RALPHETTA		NAME		
STREET ADDRESS	8334 SNOWFIRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARVAEZ, LOLA		NAME		
STREET ADDRESS	1021 PADDINGTON TERR		STREET ADDRESS		
CITY-ST-ZIP	HEATHROW, FL 32746		CITY-ST-ZIP		
TITLE	VT		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERSMARKI, MAUREEN		NAME	President Elect	
STREET ADDRESS	1016 SHADY LANE DR		STREET ADDRESS	Kathryn Kinsley	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	13810 Marine Drive	
TITLE	VT		TITLE	Vice President	
NAME	VALARINO, LIZETTE		NAME	Mary Jane Grant	
STREET ADDRESS	4123 PACIFICA DR		STREET ADDRESS	401 Prairie Lake Cove	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1/20/05 <small>Date</small>		
<small>Daytime Phone #</small>					