

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770395

FILED
Apr 26, 2006
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:

P.O. BOX 568905
ORLANDO, FL 328568905

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

Title: PE () Delete
Name: KINSLEY, KATHRYN
Address: 13810 MARINE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: GRANT, MARY JANE
Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: KINSLEY, KATHRYN
Address: 13810 MARINE DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: PED (X) Change () Addition
Name: GRANT, MARY JANE
Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Change (X) Addition
Name: JEANNE, ADAM M
Address: 2037 W. BURLINGTON DR
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY MCCOY

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04/26/2006

Electronic Signature of Signing Officer or Director

Date