


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 027 ****70.00

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 P.O. BOX 568905 ORLANDO, FL 32856-8905		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2392616	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 SANDRA J. WILKENING Street Address (P.O. Box Number is Not Acceptable) PO BOX 536546 1908 WOODWARD ST City ORLANDO FL 32803	
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 <i>Sandra Wilkening</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, KATHY 4235 QUANDO DRIVE ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINSLEY, KATHRYN 13810 MARINE DRIVE ORLANDO, FL 32832	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED GRANT, MARY JANE 401 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JEANNE, ADAM M 2037 W. BURLINGTON DR DELTONA, FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDRA WILKENING PO BOX 536546 ORLANDO FL 32853-6546	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kathryn C Kinsky</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/06 Daytime Phone # 407-765-9464		

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03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2392616

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name **SANDRA J. WILKENING**
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 536546 1908 WOODWARD ST
City **ORLANDO** FL **32803**

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 *Sandra Wilkening*
DATE **4/25/07**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCCOY, KATHY
4235 QUANDO DRIVE
ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KINSLEY, KATHRYN
13810 MARINE DRIVE
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PED
GRANT, MARY JANE
401 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
JEANNE, ADAM M
2037 W. BURLINGTON DR
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SANDRA WILKENING
PO BOX 536546
ORLANDO FL 32853-6546

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: *Kathryn C Kinsky*
Date **4/18/06** Daytime Phone # **407-765-9464**