


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2392616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WIKENING, SANDRA J
1908 WOODWARD ST.
ORLANDO, FL 32803**

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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 WILKENING, SANDRA P.O. BOX 536546 ORLANDO, FL 328536546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/08-80052-015 70.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn C Kinsley **2/21/08** **407-426-7960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone