## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770395** 

FILED Mar 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

507 E. MICHIGAN ST. ORLANDO, FL 32806

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KINSLEY, KATHRYN
 Name:
 HARTWELL, JULIA

 Address:
 13810 MARINE DRIVE
 Address:
 1911 LESLIE ANN LANE

 City-St-Zip:
 ORLANDO, FL 32832
 City-St-Zip:
 OCOEE, FL 34761

Title: PED ( ) Delete Title: VPD (X) Change ( ) Addition Name: GRANT, MARY JANE Name: GRANT, MARY JANE

Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701
Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete Title: PED (X) Change ( ) Addition Name: JEANNE, ADAM M Name: RUTH, PATRICK

 Address:
 2037 W. BURLINGTON DR
 Address:
 1262 STONEYWOOD WAY

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 APOPKA, FL 32712

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILKENING, SANDRA
 Name:

 Address:
 P.O. BOX 536546
 Address:

 City-St-Zip:
 ORLANDO, FL 328536546
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY JANE GRANT VP 03/12/2009