

FILED
Feb 19, 2003 8:00 am
Secretary of State

01-10-2003 90082 003 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO2000001715

1. Entity Name

WOMEN'S HEALTH FOUNDATION, INC.



55008616

Principal Place of Business

1621 N MILLS AVE
ORLANDO FL 32803

Mailing Address

1621 N MILLS AVE
ORLANDO FL 32803

2. Principal Place of Business

1218 Park Ave N.

Suite, Apt. #, etc.

3. Mailing Address

1218 Park Ave N.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Park

City & State

Winter Park, FL

4. FEI Number

743033507

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRY, R. CHARLES III
489 PENNY LN
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$81.25

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: Director
NAME: R. Charles Curry III
STREET ADDRESS: 489 Penny Ln
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Director
NAME: Susan Curry
STREET ADDRESS: 1218 Park Ave N.
CITY-ST-ZIP: Winter Park, FL 32789

TITLE: Director
NAME: Catherine Curry
STREET ADDRESS: 1218 Park Ave N.
CITY-ST-ZIP: Winter Park, FL 32789

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

407.629.7190