


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90004 004 \*\*\*\*61.25

<b>DOCUMENT # N39856</b> 1. Entity Name <b>WOMEN'S EXECUTIVE COUNCIL, INC.</b>					
Principal Place of Business <b>111 ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801 US</b>			Mailing Address <b>POST OFFICE BOX 2895 ORLANDO, FL 32802 US</b>		
2. Principal Place of Business <b>Post Office Box 2895</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State <b>Orlando FL</b>		City & State  			
Zip <b>32802</b>		Country <b>US</b>		4. FEI Number <b>59-3044612</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRANNON, DEBORAH F 111 N ORANGE AVE STE 1100 ORLANDO, FL 32807</b>			7. Name and Address of New Registered Agent Name <b>Erika H. Crenshaw</b> Street Address (P.O. Box Number is Not Acceptable) <b>940 Centre Circle, Suite 3002</b> City <b>Altamonte Springs FL</b> Zip Code <b>32714</b>		
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 <u>Erika H Crenshaw, Erika H Crenshaw, Treasurer</u> <u>5/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEER, ROSLYN 816 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<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	V RIZZO, ELIZABETH 10419 BRILLIANT CT. ORLANDO, FL 32836	<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	S JEWETT, JEANNE 1009 W. PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Valarie McDonald 2 South Orange Avenue Suite 600 Orlando FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANNON, DEBORAH F 111 N. ORANGE AVE., SUITE 1100 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Erika H Crenshaw 940 Centre Circle, Suite 3002 Altamonte Springs FL 32714 <input 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
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 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.					
<b>SIGNATURE:</b> <u>Erika H Crenshaw</u> <u>5/19/05</u> <u>407-260-9101</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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