


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-25-2005 90004 005 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N93000000518 1. Entity Name SCHOLARSHIP AND ENDOWMENT FUND OF WOMEN'S EXECUTIVE COUNCIL, INC. | | | |  | |
| Principal Place of Business 111 N ORANGE AVE STE 1100 ORLANDO, FL 32801 US | | | Mailing Address POST OFFICE BOX 2895 ORLANDO, FL 32802 US | | |
| 2. Principal Place of Business <u>Post Office Box 2895</u> | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State <u>Orlando FL</u> | | | City & State Suite, Apt. #, etc. | | |
| ZIP <u>32802</u> | | | Country <u>US</u> | | |
| 4. FEI Number <u>58-3210019</u> | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BRANNON, DEBORAH F 111 N ORANGE AVE STE 1100 WINTER GARDEN, FL 34787 | | | 7. Name and Address of New Registered Agent Name <u>Erika H. Crenshaw</u> Street Address (P.O. Box Number is Not Acceptable) <u>940 Centre Circle, Suite 3002</u> City <u>Altamonte Springs</u> <u>FL</u> Zip Code <u>32714</u> | | |
| 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 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> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P SCHEER, ROSLYN <input type="checkbox"/> Delete 816 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RIZZO, ELIZABETH <input type="checkbox"/> Delete 10419 BRILLIANT CT ORLANDO, FL 32836 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JEWETT, JEANNE <input checked="" type="checkbox"/> Delete 1009 W PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRANNON, DEBORAH F <input checked="" type="checkbox"/> Delete 111 N ORANGE AVE STE 1100 ORLANDO, FL 32801 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Valarie McDonald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 South Orange Avenue, Suite 600 Orlando FL 32801 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Erika H. Crenshaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 940 Centre Circle, Suite 3002 Altamonte Springs FL 32714 | | | | |
| 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"/> 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. | | | | | |
| SIGNATURE: <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> <u>Erika H Crenshaw</u> | | | | | |