


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 040 \*\*\*\*61.25

<b>DOCUMENT # N93000000518</b>					
<b>1. Entity Name</b> SCHOLARSHIP AND ENDOWMENT FUND OF WOMEN'S EXECUTIVE COUNCIL, INC.					
<b>Principal Place of Business</b> P O BOX 2895 ORLANDO, FL 32802 US			<b>Mailing Address</b> POST OFFICE BOX 2895 ORLANDO, FL 32802 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3194584	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SALVA, ANDREA 3760 N. JOHN YOUNG PARKWAY STE. 101 ORLANDO, FL 32804			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE <u><i>A.S.</i></u> <span style="float: right;">2/19/07</span> <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 May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
TITLE	VP	<input checked="" type="checkbox"/> Delete			
NAME	HARRIMAN, MARTHA				
STREET ADDRESS	150 N. WESTMONTE DRIVE				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	RIZZO, ELIZABETH				
STREET ADDRESS	10419 BRILLIANT CT				
CITY-ST-ZIP	ORLANDO, FL 32836				
TITLE	S	<input type="checkbox"/> Delete			
NAME	KHANNA, MALA				
STREET ADDRESS	301 E. PINE STREET #800				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	T	<input type="checkbox"/> Delete			
NAME	SALVA, ANDREA				
STREET ADDRESS	3760 N. JOHN YOUNG PARKWAY #101				
CITY-ST-ZIP	ORLANDO, FL 32804				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Ferrone, Shelly				
STREET ADDRESS	111 N. Orange Ave, Suite 1300				
CITY-ST-ZIP	Orlando, FL 32801				
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Cindy Weiss				
STREET ADDRESS	1290 Tadsworth Terr				
CITY-ST-ZIP	Heathrow, FL 32746				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u><i>A.S.</i></u> <span style="float: right;">2/19/07 407-293-9100x102</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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