

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 20 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000005026 (0)

1. Corporation Name

CENTRAL FLORIDA EXECUTIVE WOMEN IN TRAVEL INC.

Principal Place of Business

Mailing Address

PO BOX 540743
ORLANDO FL 32804

PO BOX 540743
ORLANDO FL 32854-0743

3. Date Incorporated or Qualified
11/09/1993

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1424500

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUCKWORTH, PAT
7001 SKYLANE DR
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DUCKWORTH, PAT
STREET ADDRESS 7001 SKYLANE DR
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE T
NAME SURIS, JO ANN
STREET ADDRESS 636 WHEELING AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

TITLE D
NAME SHINE, BEVERLY
STREET ADDRESS 7311 GRACE ROAD
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE T
NAME PERRY, CYNTHIA
STREET ADDRESS 1326 SASSAFRAS AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MAYNARD, CHEEYL
2203 Yankee Place #412
ORLANDO, FL 32839

Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

MOYER, SUSAN
3748 Watercrest Dr.
LONGBWOOD, FL 32779

Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

600002221116--7
-06/24/97--01033--017
*****61.25 *****61.25

Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Jenn Rykaczewski
4607 Almark Dr.
Orlando, FL 32839

Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Andrew Axelrod
21 N. Mills Ave
ORLANDO, FL 32801

Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Peggy Fowler
2018 Perth Ct.
Winter Springs, FL 32708

Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)