

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32804

3. Date Incorporated or Qualified

11/09/1993

4. FEI Number

59-1424500

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYNARD, CHERYL	
STREET ADDRESS	2203 YANKEE PLACE #412	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOYER, SUSAN	
STREET ADDRESS	3748 WATERCREST DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHINE, BEVERLY	
STREET ADDRESS	7311 GRACE ROAD	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYKACZEWSKI, JEAN	
STREET ADDRESS	4607 ALMARK DR.	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AXELROD, ANDREW	
STREET ADDRESS	21 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, PEGGY	
STREET ADDRESS	2018 PERTH CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	PATRICIA H. BOOTH
2.4 CITY-ST-ZIP	118 STONEY RIDGE CT LONGWOOD FL 32750

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1ST VP
3.3 STREET ADDRESS	TAMMY SHAMALIN
3.4 CITY-ST-ZIP	8603 BLACK CREEK RD ORLANDO FL 32829

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	PAT DUCKWORTH
4.4 CITY-ST-ZIP	7001 SKYLANE DR ORLANDO FL 32819

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2ND VP
5.3 STREET ADDRESS	PAT DUCKWORTH
5.4 CITY-ST-ZIP	7001 SKYLANE DR ORLANDO FL 32819

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	DEANIE LARSON
6.4 CITY-ST-ZIP	4848 BERRYWOOD ORLANDO FL 32812

14. 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 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.

SIGNATURE:

PATRICIA H. BOOTH 3/26/98 107-359-8999

CR2E037 (10/97)