

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000595 (8)

1. Corporation Name

CENTRAL FLORIDA CHAPTER-INTERNATIONAL BLACK WOMEN'S CONGRESS, INCORPORATED



Principal Place of Business

Mailing Address

WILSHIRE PLAZA
BUILDING 266 STE. 135
CASSELBERRY FL 32707

WILSHIRE PLAZA
BUILDING 266 STE. 135
CASSELBERRY FL 32707

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3305148

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Zip

Country

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

VARN-WILSON, CORIN
WILSHIRE PLAZA
BUILDING 266 STE. 135
CASSELBERRY FL 32707

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

Corine Varn Wilson

Corine Varn Wilson

3-22-96

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 **PD** ☐ DELETE
NAME **VARN-WILSON, CORINE**
STREET ADDRESS **1073 CHESTERFIELD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VD** ☐ DELETE
NAME **BOOKER, KATHY**
STREET ADDRESS **30 CARDOMON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VD** ☐ DELETE
NAME **ROBINSON, BEVERLY J**
STREET ADDRESS **POST OFFICE BOX 492051**
CITY-ST-ZIP **LEESBURG FL 34749**

TITLE **SD** ☐ DELETE
NAME **BAILEY, JACQUELINE**
STREET ADDRESS **332 E. CITRUS STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **TD** ☐ DELETE
NAME **ANDERSN, CONSTANCE**
STREET ADDRESS **2480 CRAWFORD DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Corine Varn Wilson* *Corine Varn Wilson* **3/22/96** **407-331-5665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)