

FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # **N94000000595 (8)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**WILSHIRE PLAZA
BUILDING 206 STE. 135
CASSELBERRY FL 32707**

**WILSHIRE PLAZA
BUILDING 206 STE. 135
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

59-3305148

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

Country

28 Zip

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

**VARN-WILSON, CORIN
WILSHIRE PLAZA
BUILDING 206 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

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 ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **VD
HAZEL HASTINGS**
STREET ADDRESS **507 PEACHTREE LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD
REGENIA MILLER**
STREET ADDRESS **917 WAYBOURNE WAY**
CITY-ST-ZIP **LAKE MARY FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **SD
MARIE ROLLEY**
STREET ADDRESS **2930 S SEMORAN BLVD UNIT 408**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Corine Varn-Wilson* **4-13-98** **407-331-5466**

CP2E037 (10/97)