FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000595

1. Corporation Name

CENTRAL FLORIDA CHAPTER-INTERNATIONAL BLACK WOME N'S CONGRESS, INCORPORATED

Principal Place of Business WILSHIRE PLAZA BUILDING 266 STE. 135 CASSELBERRY FL 32707 Mailing Address

WILSHIRE PLAZA BUILDING 266 STE. 135 CASSELBERRY FL 32707

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90012 045 ****70.00



2.	Principal Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualifed 01/31/1994	
211	Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number Applied For	
22			27	en e			59-3305148 Not Applicable	
	City & State City & State						5. Certificate of Status Desired \$8.75 Additional	
23	28						5. Certificate of Status Desired Fee Required	
	Zip	Country	Zip	Zip Coun			6. Election Campaign Financing \$5.00 May Be	
24		25	29	30			Trust Fund Contribution Added to Fees	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
					81 Name			
VARN-WILSON, CORIN					82 Street Address (P.O. Box Number is Not Acceptable)			
WILSHIRE PLAZA								
BUILDING 266 STE. 135					83	,		
		ERRY FL 32707			84	City	85 Zip Code	
	-	· ·					FL []	
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 to the provisions of Sections 617.0502 and 617.0503, Florida Statutes. NOTE: Registered Agent signature required when reinstating) DATE								
		Signature, typed or printed name of registered agent		Registere		nt signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12		OFFICERS ANI	DELETE		TTLE		PD Change Addition	
m		PD CODINE	☐ DELETE		AME		VARN-WILSON, CORINE	
NAM		VARN-WILSON, CORINE					1073 Chasterfield Circle	
	LEET ADDRESS	1073 CHESTERFIELD CIRCLE				ADDRESS	Winter Springs, FL 32708	
	Y-ST-ZIP	WINTER SPRINGS FL 32708	☐ DELETE		TY-S	T-ZIP	VD □ Change □ Additio	
ТΠ		VD	□ nereie	2.1 T			BROWN, DOLLY	
NAM		MUHAMMED, SAUDI		1	IAME		002 B Varior Aronia	
STF	REET ADDRESS	70-59 MOREE LOOP				T ADDRESS	Orlando, FL 32807	
	Y-ST-ZIP	WINTER SPRINGS FL 32708	☐ DELETE		CITY-S	T-ZIP	VD Change Addition	
וחד		VD	Discrete				TALBOT, BEVERLY	
NAM		REGENIA MILLER		1	IAME		1	
	REET ADDRESS	917 WAYBOURNE WAY				FADORESS	Winter Springs, FL 32708	
	Y-ST-ZIP	LAKE MARY FL	DELETE		TILE	II-ZIP		
m		SD ELANDEDS ELIZABETH	בן הכנבוב	1			מא ביי	
NAN		FLANDERS, ELIZABETH	M		NAME		GREEN, AYANNA	
	REET ADORESS	305 S NORTH LAKE BLVD #20				FADDRESS	3420 EMIT 100P 11002	
-	Y-ST-ZIP	ALTAMONTE SPRINGS FL 3270	DELETE		ITY-S	T-ZIP	Orlando, FL 32817	
TITL		TD ANDERSON CONSTANCE			TTLE IAME		TD	
NA		ANDERSN, CONSTANCE				TADDRESS	ANDERSON, CONSTANCE	
1	REET ADDRESS	2480 CRAWFORD DRIVE		- 1	TY-S		2480 Crawford Drive	
	Y-ST-ZIP	SANFORD FL 32771	DELETE		TILE	1-212	Sanford, FL 32771 Change Addition	
тт	. 1				IAME		_ Criango	
NAM						TADDRESS		
STF	REET ADDRESS				TKEE!		99	
				= 6/1	11 V C	r_ /iD	1	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-27-99 407-331-5665

CB2E037 (11/98)