

FILE NOW: FILING FEE IS \$61.25

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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000000595</b>			
1. Corporation Name <b>CENTRAL FLORIDA CHAPTER-INTERNATIONAL BLACK WOMEN'S CONGRESS, INCORPORATED</b>			
Principal Place of Business WILSHIRE PLAZA BUILDING 266 STE. 135 CASSELBERRY FL 32707		Mailing Address WILSHIRE PLAZA BUILDING 266 STE. 135 CASSELBERRY FL 32707	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>01/31/1994</b>		4. FEI Number <b>59-3305148</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent  <b>VARN-WILSON, CORIN</b> <b>WILSHIRE PLAZA</b> <b>BUILDING 266 STE. 135</b> <b>CASSELBERRY FL 32707</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME VARN-WILSON, CORINE STREET ADDRESS 1073 CHESTERFIELD CIRCLE CITY-ST-ZIP WINTER SPRINGS FL 32708	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME VARN-WILSON, CORINE 1.3 STREET ADDRESS 1073 Chesterfield Circle 1.4 CITY-ST-ZIP Winter Springs, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MUHAMMED, SAUDI STREET ADDRESS 70-59 MOREE LOOP CITY-ST-ZIP WINTER SPRINGS FL 32708	<input type="checkbox"/> DELETE	2.1 TITLE VD 2.2 NAME BROWN, DOLLY 2.3 STREET ADDRESS 883 B Xavior Avenue 2.4 CITY-ST-ZIP Orlando, FL 32807	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME REGENIA MILLER STREET ADDRESS 917 WAYBOURNE WAY CITY-ST-ZIP LAKE MARY FL	<input type="checkbox"/> DELETE	3.1 TITLE VD 3.2 NAME TALBOT, BEVERLY 3.3 STREET ADDRESS 1449 Mt. Laurel Drive 3.4 CITY-ST-ZIP Winter Springs, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FLANDERS, ELIZABETH STREET ADDRESS 305 S NORTH LAKE BLVD #2004 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	4.1 TITLE SD 4.2 NAME GREEN, AYANNA 4.3 STREET ADDRESS 9428 Emily Loop #301 4.4 CITY-ST-ZIP Orlando, FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ANDERSON, CONSTANCE STREET ADDRESS 2480 CRAWFORD DRIVE CITY-ST-ZIP SANFORD FL 32771	<input type="checkbox"/> DELETE	5.1 TITLE TD 5.2 NAME ANDERSON, CONSTANCE 5.3 STREET ADDRESS 2480 Crawford Drive 5.4 CITY-ST-ZIP Sanford, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99

407-331-5665

Date

Daytime Phone #

CR2E037 (11/98)