2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N94000000595

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

Current Principal Place of Business:

250 WILSHIRE BLVD
STE 175
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

250 WILSHIRE BLVD
STE 175
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3305148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARN-WILSON, CORIN
WILSHIRE PLAZA
250 WILSHIRE BLVD STE 175
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VARN-WILSON, CORINE	
Address:	1073 CHESTERFIELD CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	VD	( ) Delete
Name:	EDWARDS, JANNIE	
Address:	365 CHURCH STREET	
City-St-Zip:	LAKE HELEN, FL 32744	
Title:	VD	( ) Delete
Name:	TALBOT, BEVERLY	
Address:	1449 MT LAUREL DRIVE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	SD	( ) Delete
Name:	BAXTER, MAXINE	
Address:	959 SABAL GROVE DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	TD	( ) Delete
Name:	ANDERSON, CONSTANCE	
Address:	2480 CRAWFORD DRIVE	
City-St-Zip:	SANFORD, FL 32771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORINE V. WILSON PD 04/20/2004

Electronic Signature of Signing Officer or Director — Date