

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000595

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

250 WILSHIRE BLVD
STE 175
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

250 WILSHIRE BLVD
STE 175
CASSELBERRY, FL 32707 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MILLER, REGENIA S
250 WILSHIRE BLVD
SUITE 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: MILLER, REGENIA S
Address: 917 WAYBOURNE WAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: VD () Delete
Name: TALBOTT, BEVERLY
Address: 1449 MT. LAUREL DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD () Delete
Name: TUCKER, CAROL
Address: 943 MONROE HARBOR PL
City-St-Zip: SANFORD, FL 32773 US

Title: TD () Delete
Name: ANDERSON, CONSTANCE
Address: 2480 CRAWFORD DRIVE
City-St-Zip: SANFORD, FL 32771 FL

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REGENIA S. MILLER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date