

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90211 039 ****70.00

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1. Entity Name

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



Principal Place of Business

**260 WILSHIRE BLVD
CASSELBERRY FL 32707**

Mailing Address

**260 WILSHIRE BLVD
CASSELBERRY FL 32707**

11015512



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**250 Wilshire Blvd.,
Suite, Apt. #, etc.
Suite 175**

3. Mailing Address

**250 Wilshire Blvd.
Suite, Apt. #, etc.
Suite 175**

City & State

Casselberry, FL

City & State

Casselberry, FL

4. FEI Number **59-3305148**

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VARN-WILSON, CORIN
WILSHIRE PLAZA
260 WILSHIRE BLVD
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name
Varn-Wilson, Corine
Street Address (P.O. Box Number is Not Acceptable)
Wilshire Plaza
250 Wilshire Blvd., Suite 175
City
Casselberry, FL Zip Code
32707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Corine Varn Wilson*
Signature, typed or printed name of registered agent and title if applicable.

Corine Varn Wilson
(NOTE: Registered Agent signature required when reinstating)

4-22-03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VARN-WILSON, CORINE	
STREET ADDRESS	1073 CHESTERFIELD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, JANNIE	
STREET ADDRESS	365 CHURCH STREET	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TALBOT, BEVERLY	
STREET ADDRESS	1449 MT LAUREL DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAXTER, MAXINE	
STREET ADDRESS	959 SABAL GROVE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, CONSTANCE	
STREET ADDRESS	2480 CRAWFORD DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Corine Varn Wilson* **4-22-03** **407 331-5465**

CR2E037 (10/02)