

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90080 027 \*\*\*\*61.25

<b>DOCUMENT # N95000002725</b>					
<b>1. Entity Name</b> WOMEN'S TRANSPORTATION SEMINAR-CENTRAL FLORIDA CHAPTER, INC					
<b>Principal Place of Business</b> 315 E ROBINSON STREET 355 ORLANDO, FL 32801 US			<b>Mailing Address</b> PO BOX 536549 ORLANDO, FL 32853 US		
<b>2. Principal Place of Business</b> 455 N. GARLAND AVE. Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME AS ABOVE Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3325392	
<b>Zip</b> 32801		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROBINSON, MAUREEN 315 E ROBINSON STREET 355 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name: TIFFANY HOMLER Street Address (P.O. Box Number is Not Acceptable): LYNX 455 N. GARLAND AVENUE City: ORLANDO FL Zip Code: 32801		
<b>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.</b>					
SIGNATURE: <u>TIFFANY HOMLER, PRESIDENT</u> <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, MAUREEN 315 E ROBINSON STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOMLER, TIFFANY 455 N. GARLAND AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOMLER, TIFFANY 445 W AMELIA STREET #800 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASEUR, EILEEN 1000 LEGION PLACE, SUITE 1400 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOULDSWORTH, JANE PO BOX 770402 OCALA, FL 344770402	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERA, KRISTI 400 S ORANGE AVE 8TH FLOOR ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVOIE, MANON 5041 PARK CENTRAL DR., SUITE 1931 ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>TIFFANY HOMLER</u> <u>3/10/05</u> <u>407-254-6004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> TIFFANY HOMLER, PRESIDENT					