


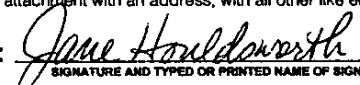


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90030 040 ****61.25

DOCUMENT # N95000002725 1. Entity Name WOMEN'S TRANSPORTATION SEMINAR-CENTRAL FLORIDA CHAPTER, INC			
Principal Place of Business 455 N GRALAND AVE ORLANDO, FL 32801 US		Mailing Address PO BOX 536549 ORLANDO, FL 32853 US	
2. Principal Place of Business 1000 LEGION PLACE Suite, Apt. #, etc. SUITE 1400 City & State ORLANDO, FL Zip 32801 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		01052006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HOMLER, TIFFANY 455 N GARLAND AVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name EILEEN LASEUR Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE SUITE 1400 City ORLANDO FL Zip Code 32801	
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  EILEEN LASEUR 1/21/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P HOMLER, TIFFANY 455 N GARLAND AVE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE	P EILEEN LASEUR 1000 LEGION PLACE, SUITE 1400 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LASEUR, EILEEN 1000 LEGION PL STE 1400 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE	VP ABRA HORNE 482 S. KELLER ROAD ORLANDO, FL 32810-6101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T HOULDSWORTH, JANE PO BOX 770402 OCALA, FL 344770402 <input type="checkbox"/> Delete	TITLE	T LYNN EBERLY 315 EAST ROBINSON ST., SUITE 400 ORLANDO, FL 32801-1949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S LAVOIE, MANON 5041 PARK CENTRAL DR STE 1931 ORLANDO, FL 32802 <input type="checkbox"/> Delete	TITLE	S JANE HOULDSWORTH P.O. BOX 770402 OCALA, FL 34477-0402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JANE HOULDSWORTH, 1/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		352-208-0135 <small>Daytime Phone #</small>	