

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002725

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** WOMEN'S TRANSPORTATION SEMINAR-CENTRAL FLORIDA CHAPTER, INC

**Current Principal Place of Business:**

482 S. KELLER ROAD  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 536549  
ORLANDO, FL 32853 US

**New Mailing Address:**

**FEI Number:** 59-3325392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LA SEUR, EILEEN  
482 S. KELLER ROAD  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

LA SEUR, EILEEN  
225 EAST ROBINSON STREET  
SUITE 505  
ORLANDO, FL 32801 US

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:

02/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LA SEUR, EILEEN  
Address: 225 EAST ROBINSON STREET, SUITE 505  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP  
Name: LEWIS, JENNIFER C  
Address: 2420 LAKEMONT AVENUE, SUITE 450  
City-St-Zip: ORLANDO, FL 32814

Title: T  
Name: ALGER, KORY  
Address: 482 S. KELLER ROAD  
City-St-Zip: ORLANDO, FL 32810

Title: S  
Name: CLARK, LAURA  
Address: 300 DOVERA DRIVE, SUITE 200  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: EILEEN LASEUR

P

02/10/2011

Electronic Signature of Signing Officer or Director

Date