## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # N9500004608  1. Entity Name NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS - CENTRAL FLORIDA CHAPTER, INC.							01-12-20	006 9019	0 013 **	***61.	.25
Principal Plac PO BOX 536 ORLANDO, F		Mailing Address 4060 EDGEWA ORLANDO, FL		· ·			400				
2. Principal P	Place of Business	3. Mailing Addre	SS								f
Suite, Apt. #, etc.		Suite, Apt. #,		C	1062006	Chg-NP .	CR	2E037-(11	/05)		
City & State		City & State			4.	FEI Numbe 59-3337					lied For Applicable
Zip	Country	Zip	(	Country	5	. Certificate	of Status Desi	red 🔲		5 Addit equired	tional
	6. Name and Address of Current	Registered Agent			7.	Name and	Address of N	lew Registe	red Agent	-	
BABIONC,	, MARCIA S			Name	101	€. (	maci				
	EWATER DR ), FL 32804	_		Street Ad	ddress (P.O	. Box Numbe ンケチシンペン	r is Not Accer	otable)			
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	• • • • •	£	US C	City			<u> </u>		FL 3	o Code	
R The above	named entity submits this statement fo	r the purpose of cha	naina ite reaie	etered office or u	registered :	C or both	h in the State		IS	7805	
	tions of registered agent.	Title purpose of cita		tered office of t	registered	agent, or both	ii, iii die Otate	or riorica.	i aitt taitiilla	i Willi, a	nu accepi
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTÉ: Regis	stered Agent signatur	re required whe	n reinstating)			9106 ATE		
SIGNATURE								27 6 L 1 .	Kaz	hla to	
SIGNATURE	Signature, typed or printed name of registered agent : Filling Fee Is \$61.25 Due by May 1, 2006	<b>9.</b> Ele	(NOTE: Regis	gn Financing	\$5	5.00 May Bedded to Fees	e	27 6 L 1 .	heck paya		
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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.

CITY-ST-ZIP\*

SIGNATURE: SOLL	Trose	\	19/06	(40) Da1-6401	0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D	Date	Daytime Phone #			

CITY-ST-ZIP