

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004608

FILED
Mar 01, 2008
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS - CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

PO BOX 536893
ORLANDO, FL 32803 US

New Principal Place of Business:

4060 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Current Mailing Address:

4060 EDGEWATER DR
ORLANDO, FL 32804

New Mailing Address:

P O BOX 536893
ORLANDO, FL 32803

FEI Number: 59-3337630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABIONE, MARCIA S
4060 EDGEWATER DR
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, LINDA
Address: C/O 1060 MAITLAND CTR 180
City-St-Zip: MAITLAND, FL 32712

Title: VD () Delete
Name: LUISI, HOLLY
Address: PO BOX 618531
City-St-Zip: ORLANDO, FL 32861

Title: TD () Delete
Name: HURNEY, KAREN
Address: 7541 SUN TREE CIRCLE #130
City-St-Zip: ORLANDO, FL 32807

Title: SD () Delete
Name: REYNOLDS, REBECCA
Address: 264 FALLEN PAWN DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LORAH, YVONNE
Address: 10743 VERSAILLES BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVONNE LORAH

TD

03/01/2008

Electronic Signature of Signing Officer or Director

Date