

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004119

FILED
Jan 05, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA WOMEN'S EMERGENCY FUND, INC.

Current Principal Place of Business:

1516 E. HILLCREST STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 536522
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-3396077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PENNY K
1516 E. HILCREST ST.
SUITE 108
ORLANDO, FL 32803 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: DT
Name: POLLEY, JOANN
Address: 415 WARRENTON ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: DS
Name: KELLMAN, NANCY
Address: 3019 NORTHWOOD BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: DP
Name: JACOBS, PENNY K
Address: 1516 E. HILLCREST ST., #108
City-St-Zip: ORLANDO, FL 32803

Title: DV
Name: ELROD, BARBARA
Address: 1620 MAYFLOWER COURT
City-St-Zip: WINTER PARK, FL 32792

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: PENNY KFARE JACOBS

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date