


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90020 022 ****61.25

DOCUMENT # N99000001215 1. Entity Name FEMMES DE COEUR, INC.					
Principal Place of Business 607 SWEETWATER COVE BLVD SOUTH LONGWOOD, FL 32779			Mailing Address P O BOX 916790 LONGWOOD, FL 32791 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAZIO, RENA 996 N. PHELPS AVE WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <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, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCWATERS, MEREDITH		NAME		
STREET ADDRESS	219 ROYAL OAKS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LITTLEFORD, JACKIE		NAME	BETTY HIRSCH	
STREET ADDRESS	2155 TURKEY RUN		STREET ADDRESS	6600 BEAR LAKE TERRACE	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMER, LYNN		NAME	SD NANCY BLACK	
STREET ADDRESS	633 RIVER PARK CIRCLE		STREET ADDRESS	206 WEEPING ELM LANE	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLEY, SHERRILL		NAME		
STREET ADDRESS	3565 SPARROW HAWK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCHESAND, SONJA		NAME		
STREET ADDRESS	984 STONEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		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 exemption stated in Section 119.07(3)(i), 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: <u>Sherrill Holley</u> SHERRILL HOLLEY 3-2-04 321-264-2456 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3597466 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required