


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90015 004 ****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	Country	03232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3597466				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 FL Zip Code		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HURT, DIONNA		NAME	JUDY CONRAD	
STREET ADDRESS	1038 EDMINSTON PLACE		STREET ADDRESS	433 WEKIVA COVE RD	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMER, LYNN		NAME	CAROLE MONTGOMERY	
STREET ADDRESS	633 RIVERPARK CIRCLE		STREET ADDRESS	3780 WATERCREST DR.	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAGLIARDI, BEVERLY		NAME	CLAUDIA GRIFFITHS	
STREET ADDRESS	425 DEVON PLACE		STREET ADDRESS	1581 CHIPPGWA TRL	
CITY-ST-ZIP	HEATHROW, FL 32746		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD <input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLEY, SHERRILL		NAME	VICKI PIETRACK	
STREET ADDRESS	3565 SPARROW HAWK TRAIL		STREET ADDRESS	6642 PARSON BROWN DR.	
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARCHESAND, SONJA		NAME	MARY DEVANEY	
STREET ADDRESS	984 STONEWOOD LANE		STREET ADDRESS	2466 SWEETWATER CC DR.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	APOPKA FL 32712	
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 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.					
SIGNATURE: <u>Sherrill Holley</u>			SHERILL HOLLEY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-22-06 321-264-2456		
			<small>Date Daytime Phone #</small>		