

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90023 048 \*\*\*\*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**

4002334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-3597466**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32789**

**USA**

5. Certificate of Status Desired ☐

**\$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

**SANDI GOLDISH**

Street Address (P.O. Box Number is Not Acceptable)

**1571 BRYAN AVE**

City

**WINTER PARK**

FL

Zip Code

**32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-9-08**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME CONRAD, JUDY  
STREET ADDRESS 433 WEKIVA COVE RD  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE PD ☒ Change ☐ Addition  
NAME PIETRACK, VICKI  
STREET ADDRESS 6642 PARSON BROWN DR  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VPD ☒ Delete  
NAME DEROSE, SHARON  
STREET ADDRESS 1114 CHEETAH TRAIL  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VPD ☐ Change ☒ Addition  
NAME WILSON, BETTY  
STREET ADDRESS 620 FELLOWSHIP DR  
CITY-ST-ZIP FERN PARK, FL 32730

TITLE SD ☒ Delete  
NAME GRIFFITHS, CLAUDIA  
STREET ADDRESS 1581 CHIPPGWA TRAL  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VPD ☐ Change ☒ Addition  
NAME GOULD, JEAN  
STREET ADDRESS 107 ORANGE BLOSSOM CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE TD ☒ Delete  
NAME HOLLEY, SHERRILL  
STREET ADDRESS 3565 SPARROW HAWK TRAIL  
CITY-ST-ZIP MIMS, FL 32754

TITLE SD ☐ Change ☒ Addition  
NAME LITTEFORD, JACKIE  
STREET ADDRESS 2155 TURKEY RUN  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD ☒ Delete  
NAME PIETRACK, VICKI  
STREET ADDRESS 6642 PARSON BROWN DR  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE TO ☐ Change ☒ Addition  
NAME GOLDISH, SANDI  
STREET ADDRESS 1571 BRYAN AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD ☒ Delete  
NAME HOLLIDAY, DORIS  
STREET ADDRESS 2201-2 COACH HOUSE BLVD  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE TO ☒ Change ☐ Addition  
NAME HOLLIDAY, DORIS  
STREET ADDRESS 2201-2 COACH HOUSE BLVD  
CITY-ST-ZIP ORLANDO, FL 32812

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

*[Signature]*

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## ATTACHMENT

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01092008 Chg-NP CR2E037 (12/06)

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Applied For  
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TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEROSE, SHARON	
STREET ADDRESS	1114 CHEETAH TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, CLAUDIA	
STREET ADDRESS	1581 CHIPPGWA TRAL	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLEY, SHERRILL	
STREET ADDRESS	3565 SPARROW HAWK TRAIL	
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PIETRAC, VICKI	
STREET ADDRESS	6642 PARSON BROWN DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLIDAY, DORIS	
STREET ADDRESS	2201-2 COACH HOUSE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHAM, MARY	
STREET ADDRESS	568 MASALO PL	
CITY-ST-ZIP	LAKE HARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE

*S. Goldish*

40023927