

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90133 009 *****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

4. FEI Number **59-3597466**

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **VPD** ☐ Delete
NAME **MCWATERS, MEREDITH**
STREET ADDRESS **219 ROYAL OAKS CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **PETERS, BARBARA**
STREET ADDRESS **3726 ST MORITZ STREET**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **LITTLEFORD, JACKIE**
STREET ADDRESS **2155 TURKEY RUN**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☒ Delete
NAME **HELLER, CAROLE**
STREET ADDRESS **403 SWEETWATER BLVD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S/D** ☐ Change ☒ Addition
NAME **KRAMER, LYNN**
STREET ADDRESS **633 RIVER PARK CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
NAME **MARCHESAND, SONJA**
STREET ADDRESS **984 STONEWOOD LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **SHERRILL HOLLEY (SHERRILL HOLLEY)**

1-27-03 321-264-2456

CR2E037 (10/02)