

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002824

1. Entity Name

THE WOMEN'S MULTI-FAITH CENTER, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90021 005 ****61.25

Principal Place of Business

Mailing Address

325 LAKE SEMINARY CIR.
 MAITLAND FL 32751

325 LAKE SEMINARY CIR.
 MAITLAND FL 32751-3310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638187

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, DIANA R
 325 SEMINARY CIR.
 MAITLAND FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME OLIVER, CATHERINE B
 STREET ADDRESS 2421 LAUDER DR.
 CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE VD
 NAME EDWARDS, KIM G
 STREET ADDRESS 4394 TIDEWATER DR.
 CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE SD
 NAME ECKIAN, LORNA M
 STREET ADDRESS 7108 GREEN NEEDLE DR.
 CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE TD
 NAME MILLER-CLARK, JEANNE M
 STREET ADDRESS 253 HAMPDEN PLACE
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Martha C. Green
 NAME
 STREET ADDRESS 5030 Rosamond Dr. Apt. 2706
 CITY-ST-ZIP Orlando, FL 32808 (pp) ☒ Change ☒ Addition

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: LORENA ECKIAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000
 Date

Daytime Phone #

CR2E037 (9/99)