

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90004 034 \*\*\*\*61.25

0023327

**DOCUMENT # N99000002824**

1. Entity Name

**THE WOMEN'S MULTI-FAITH CENTER, INC.**

Principal Place of Business

Mailing Address

**325 LAKE SEMINARY CIR.  
MAITLAND FL 32751****325 LAKE SEMINARY CIR.  
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3638187**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**JACKSON, DIANA R  
325 SEMINARY CIR.  
MAITLAND FL**

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:  
FEE 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
EDWARDS, KIM G  
4394 TIDEWATER DR.  
ORLANDO FL 32812** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CO-CHAIR BOARD  
WHITMAN, SYLVIA (WHITMAN)  
515 CHRISTOPHER PLACE  
ORLANDO, FL 32803** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ECKIAN, LORNA M  
7108 GREEN NEEDLE DR.  
WINTER PARK FL 32792** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MILLER-CLARK, JEANNE M  
253 HAMPDEN PLACE  
WINTER PARK FL 32789** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
CATHY GASKILL  
847 HIGHLAND AVE. APT. 2-C  
ORLANDO, FL 32803-3928** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GREEN, MARTHA C  
5030 ROSAMOND DR APT 2706  
ORLANDO FL 32808** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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:

**Sylvia Whitman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/2/01 407-646-1538**

Daytime Phone #

CR2E037 (10/00)