

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002824**

Entity Name

THE WOMEN'S MULTI-FAITH CENTER, INC.**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90073 001 ****61.25

0010649

Principal Place of Business

Mailing Address

**25 LAKE SEMINARY CIR.
MAITLAND FL 32751****325 LAKE SEMINARY CIR.
MAITLAND FL 32751****B0047450**

DO NOT WRITE IN THIS SPACE

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

59-3638187

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE / NAME
CCB
WHITMAN, SYLVIA
STREET ADDRESS
515 CHRISTOR PLACE
CITY-ST-ZIP
ORLANDO FL 32803 ☐ DeleteTITLE / NAME
SD
ECKIAN, LORNA M
STREET ADDRESS
7108 GREEN NEEDLE DR.
CITY-ST-ZIP
WINTER PARK FL 32792 ☐ DeleteTITLE / NAME
TD
GASKILL, CATHY
STREET ADDRESS
847 HIGHLAND AVENUE APT 2-C
CITY-ST-ZIP
ORLANDO FL 32803-3928 ☐ DeleteTITLE / NAME
PD
GREEN, MARTHA C
STREET ADDRESS
5030 ROSAMOND DR APT 2706
CITY-ST-ZIP
ORLANDO FL 32808 ☐ DeleteTITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ DeleteTITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE / NAME
SD
LORRAINE R. Roy
STREET ADDRESS
336 Scottsdale Sq
CITY-ST-ZIP
Winter Park, FL 32792 ☒ Change ☐ AdditionTITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE / NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE / 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)(f), 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:

CATHARINE J. GASKILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORCATHARINE J. GASKILL 3/10/02 (407) 648-0632
Date Daytime Phone #

CR2E037 (9/01)