


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002824 1. Entity Name THE WOMEN'S MULTI-FAITH CENTER, INC.	
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Principal Place of Business 325 LAKE SEMINARY CIR. MAITLAND, FL 32751	Mailing Address 325 LAKE SEMINARY CIR. MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3638187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, DIANA R 325 SEMINARY CIR. MAITLAND, FL
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCB WHITMAN, SYLVIA 515 CHRISTOR PLACE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROY, LORRAINE R 336 SCOTTSDALE SQ WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GABRIELE, DEBORAH S 915 PUMA TR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, MARTHA C 5030 ROSAMOND DR APT 2706 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/16/04-80011-020.70.00

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: <u>Deborah S. Gabriele</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/10/04 407-649-2804 <small>Date Daytime Phone #</small>
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