


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90043 005 ****61.25

DOCUMENT # N99000002824 1. Entity Name THE WOMEN'S MULTI-FAITH CENTER, INC.					
Principal Place of Business 325 LAKE SEMINARY CIR. MAITLAND, FL 32751			Mailing Address 325 LAKE SEMINARY CIR. MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	CCB	<input checked="" type="checkbox"/> Delete	TITLE	President (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMAN, SYLVIA		NAME	Joanne Schewebach	
STREET ADDRESS	515 CHRISTOR PLACE		STREET ADDRESS	520 Ellsworth St	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROY, LORRAINE R		NAME		
STREET ADDRESS	336 SCOTTS DALE SQ		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GABRIELE, DEBORAH S		NAME		
STREET ADDRESS	915 PUMA TR		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President (V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, MARTHA C		NAME	Andrea Drake	
STREET ADDRESS	5030 ROSAMOND DR APT 2706		STREET ADDRESS	5025 Maui Circle	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Deborah S. Gabriele			SIGNATURE: Deborah S. Gabriele		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/25/05 Daytime Phone # 407-649-2804		