

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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



01112007 No Chg-NP

CR2E037 (4/06)

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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

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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000602881

01/26/07-80107-018 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHEWEBACH, JOANNE
STREET ADDRESS 520 ELLSWORTH ST
CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE SD
NAME ROY, LORRAINE R
STREET ADDRESS 336 SCOTTSDALE SQ
CITY-STATE-ZIP WINTER PARK, FL 32792

TITLE TD
NAME GABRIELE, DEBORAH S
STREET ADDRESS 915 PUMA TR
CITY-STATE-ZIP WINTER SPRINGS, FL 32708

TITLE VP
NAME DRAKE, ANDREA
STREET ADDRESS 5025 MAUI CIRCLE
CITY-STATE-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

407-716-9652

Daytime Phone #