

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007611

FILED
Jan 27, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA WOMEN'S LEAGUE FOUNDATION, INC.

Current Principal Place of Business:

5502 OSPREY ISLE LN
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

PO BOX 142
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3614854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JANET
5502 OSPREY ISLE LN
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O/D () Delete
Name: IRWIN, DEANNE
Address: 501 LAKE ST
City-St-Zip: WINDERMERE, FL 34786

Title: O/D () Delete
Name: GOODWIN, SUSAN
Address: 11360 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

Title: O/D () Delete
Name: REESE, CYNTHIA
Address: 9830 MOHRS COVE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: O/D () Delete
Name: SAUNDERS, MONIQUE
Address: 9749 WILD OAK DR.
City-St-Zip: WINDERMERE, FL 34786

Title: O/D () Delete
Name: GOODWIN, SUE
Address: 11360 WILLOW GARDENS DR
City-St-Zip: WINDERMERE, FL 34786

Title: D/O () Delete
Name: NICE, MARINA
Address: 1920 ENGLEWOOD ROAD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIQUE SAUNDERS

O/D

01/27/2008

Electronic Signature of Signing Officer or Director

Date