

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 15, 2009
Secretary of State

DOCUMENT# N99000007611

Entity Name: CENTRAL FLORIDA WOMEN'S LEAGUE FOUNDATION, INC.**Current Principal Place of Business:**9749 WILD OAK DRIVE
WINDERMERE, FL 34786**New Principal Place of Business:**7345 WOODBRIAR COURT
ORLANDO, FL 32835**Current Mailing Address:**9749 WILD OAK DRIVE
WINDERMERE, FL 34786**New Mailing Address:**7345 WOODBRIAR COURT
ORLANDO, FL 32835**FEI Number:** 59-3614854**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAUNDERS, MONIQUE
9749 WILD OAK DRIVE
WINDEMERE, FL 34786 US**Name and Address of New Registered Agent:**LEACOCK, SHELIA
7345 WOODBRIAR COURT
ORLANDO, FL 32835 US

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: SHELIA LEACOCK

06/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: O/D () Delete
Name: RISPOLI, MARY
Address: 6821 VALHALLA WAY
City-St-Zip: WINDERMERE, FL 34786

Title: O/D () Delete
Name: LEAKE, ANA
Address: 6222 FOXFIELD COURT
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: D/O () Delete
Name: NICE, MARINA
Address: 1920 ENGLEWOOD ROAD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change () Addition
Name: RISPOLI, MARY
Address: 6821 VALHALLA WAY
City-St-Zip: WINDERMERE, FL 34786

Title: O/D (X) Change () Addition
Name: MORROW, JANET
Address: 248 WHITEHALL CIRCLE
City-St-Zip: ORLANDO, FL 32792

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

Title: O/D (X) Change () Addition
Name: LEACOCK, SHELIA
Address: 7345 WOODBRIAR COURT
City-St-Zip: ORLANDO, FL 32835

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: SHELIA LEACOCK

DO

06/15/2009

Electronic Signature of Signing Officer or Director

Date