

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012259

FILED
Jan 23, 2018
Secretary of State
CC5632529528

Entity Name: WOMEN IN AVIATION, CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

1778 SENECA BLVD
WINTER SPRINGS, FL 32708

Current Mailing Address:

1778 SENECA BLVD
WINTER SPRINGS, FL 32708 US

FEI Number: 84-1710008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, LAUREL E
1778 SENECA BLVD
WINTER SPRINGS, FL 32708 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: LAUREL E ROSS

01/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SPOLAR, LAURA
Address 10093 HART BRANCH CIRCLE
City-State-Zip: ORLANDO FL 32832

Title V
Name MCARTHUR, KATHY
Address 510 IVANHOE WAY
City-State-Zip: CASSELBERRY FL 32707

Title S
Name SAVITZ, KATLIE
Address 818 HAVENWOOD DRIVE
City-State-Zip: ORLANDO FL 32828

Title T
Name ROSS, LAUREL
Address 1778 SENECA BLVD
City-State-Zip: WINTER SPRINGS FL 32708

Title D
Name BROWN, LAUREN
Address 12228 UPSTREAM COURT
City-State-Zip: ORLANDO FL 32828

Title D
Name LANG, ASHLEY
Address 4165 PLANTATION COVE DRIVE
City-State-Zip: ORLANDO FL 32810

Title D
Name LEMMON, ANITA
Address GREATER ORLANDO AVIATION
AUTHORITY
1 JEFF FUQUA BLVD
City-State-Zip: ORLANDO FL 32827

Title D
Name QUINONES, ILIA
Address P.O. BOX 1294
City-State-Zip: GOLDENROD FL 32733

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: LAUREL E ROSS

TREASURER

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name WALTERS-PHILLIPS, BARBARA
Address 450 MALLARD CIRCLE
City-State-Zip: WINTER PARK FL 32789