I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu above, or on an attachment with all other like empowered.		
SIGNATURE: SHARON CROTTY	PRESIDENT	01/19/2014

SIGNATURE: SHARON CROTTY

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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.

Officer/Director Detail :

Title	P	Title	NA
Name	CROTTY, SHARON A	Name	MAHER, MARY
Address	14025 MASTWOOD WAY	Address	619 E. CONCORD ST.
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32803
Title	S		
Name	ANITA, LEMMON		
Address	5850-B CARGO ROAD		
City-State-Zip:	ORLANDO FL 32827		

Entity Name: WOMEN IN AVIATION, CENTRAL FLORIDA CHAPTER, INC. **Current Principal Place of Business:**

14025 MASTWOOD WAY ORLANDO, FL 32832

Current Mailing Address:

DOCUMENT# N06000012259

14025 MASTWOOD WAY ORLANDO, FL 32832

FEI Number: 84-1710008

Name and Address of Current Registered Agent:

CROTTY, SHARON A 14025 MASTWOOD WAY ORLANDO, FL 32832 US

SIGNATURE:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2014 Secretary of State CC3033262809

Certificate of Status Desired: No

01/19/2014

Date

Date