

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005741

**Entity Name:** WOMAN'S VOICE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5211 OAK TERRACE DR  
ORLANDO, FL 32839

**Current Mailing Address:**

P.O. BOX 620394  
ORLANDO, FL 32862-0394 US

**FEI Number: 46-4531511**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FELICIANO, CHRISTINE N  
5211 OAK TERRACE DR  
ORLANDO, FL 32839 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FELICIANO, CHRISTINE N  
Address        5211 OAK TERRACE DR  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            GONZALEZ, SONIA  
Address        6596 SWISSCO DR APT 1513  
City-State-Zip: ORLANDO FL 32822

*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: CHRISTINE N. FELICIANO**

**PRESIDENT**

**04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date