

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000595

**Entity Name:** CENTRAL FLORIDA INTERNATIONAL BLACK WOMEN'S CONGRESS, INC.**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC0554629275****Current Principal Place of Business:**250 WILSHIRE BLVD  
STE 141  
CASSELBERRY, FL 32707**Current Mailing Address:**250 WILSHIRE BLVD  
STE 141  
CASSELBERRY, FL 32707 US**FEI Number: 59-3305148****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILLER, REGENIA S EXECUTIVE DIRECTOR  
250 WILSHIRE BLVD  
SUITE 141  
CASSELBERRY, FL 32707 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: REGENIA S. MILLER****03/11/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name RUDDOCK, DR. MAXINE  
Address 2511 DORA AVE.  
City-State-Zip: TAVARES FL 32778Title DC  
Name BROWN, JEAN  
Address 2317 ROANOKE CT  
City-State-Zip: LAKE MARY FL 32746Title TD  
Name ANDERSON, CONSTANCE  
Address 2480 CRAWFORD CIRCLE  
City-State-Zip: SANFORD FL 32771Title DIRECTOR  
Name PORTER, GAYLE DR.  
Address 8612 TIMBER HILL LN  
City-State-Zip: POTOMAC MD 20854Title SD  
Name TUCKER, CAROL  
Address 943 MONROE HARBOR PL  
City-State-Zip: SANFORD FL 32773Title DVC  
Name CAUTHEN, ELAINE  
Address 1539 THORNHILL CIRCLE  
City-State-Zip: OVIEDO FL 32765Title DIRECTOR  
Name GASTON, MARILYN DR.  
Address 8612 TIMBER HILL LN  
City-State-Zip: POTOMAC MD 20854Title DIRECTOR  
Name LIEBERMAN, LESLIE DR.  
Address 2853 ALOMA OAKS DR  
City-State-Zip: OVIEDO FL 32765**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: REGENIA S. MILLER****EXECUTIVE DIRECTOR****03/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                WARD, GAIL  
Address             2942 JEANETTE COVE  
City-State-Zip:    OVIEDO FL 32765

Title                 CEO  
Name                MILLER, REGENIA S.  
Address             1015 REGAL POINTE TERRACE  
                         213  
City-State-Zip:    LAKE MARY FL 32746