FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90034 045 ****61.25

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DOCUMENT # 739188

1. Corporation Name
ORGARLAN WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
1663 CHRISTOPHER STREET WINTER GARDEN FL 34787-3707	1663 CHRISTOPHER STREET WINTER GARDEN FL 34787-3707

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/31/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KING, FRANCES W.
1663 CHRISTOPHER STREET
WINTER GARDEN FL 32787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOYCE A		1.2 NAME	
STREET ADDRESS	5177 LEATHA ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	
TITLE	H	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WARD, CAROL(HISTORIAN)		2.2 NAME	
STREET ADDRESS	175 LINCOLN TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, FERNDALE		3.2 NAME	
STREET ADDRESS	4701 DONOVAN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KING, FRANCES		4.2 NAME	
STREET ADDRESS	1663 CHRISTOPHER		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 00000		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, LILLIAN		5.2 NAME	
STREET ADDRESS	5043 PUEBLO ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 00000		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, JANICE A		6.2 NAME	
STREET ADDRESS	5706 STONERIDGE CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances W. King Frances W. King 4-14-99 (407) 656-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)