

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90252 012 ****61.25

DOCUMENT # 739188

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



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

Mailing Address
**1663 CHRISTOPHER STREET
WINTER GARDEN FL 34787-3707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number: **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Delete
NAME	BROWN, JOYCE A	
STREET ADDRESS	5177 LEATHA ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	H	☐ Delete
NAME	WARD, CAROL (HISTORIAN)	
STREET ADDRESS	175 LINCOLN TERR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	☐ Delete
NAME	JENKINS, FERNDAL	
STREET ADDRESS	4701 DONOVAN ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ Delete
NAME	KING, FRANCES	
STREET ADDRESS	1663 CHRISTOPHER	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	S	☐ Delete
NAME	LANCASTER, LILLIAN	
STREET ADDRESS	5043 PUEBLO ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	☐ Delete
NAME	HOGAN, JANICE A	
STREET ADDRESS	5706 STONERIDGE CT	
CITY-ST-ZIP	ORLANDO FL	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances W. King* **Frances W. King** 04-28-03 401-656-2891

CR2E037 (10/02)