

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006506

Entity Name: TEMPO WOMEN'S CLUB OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**14623 PINE FOREST CT
CLERMONT, FL 34711**Current Mailing Address:**14623 PINE FOREST CT
CLERMONT, FL 34711**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DICKS, ANNETTE
14623 PINE FOREST CT
CLERMONT, FL 34711 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	DICKS, ANNETTE
Address	14623 PINE FOREST CT
City-State-Zip:	CLERMONT FL 34711

Title	VP
Name	SIMMONS, CHERYL
Address	P.O. BOX 683215
City-State-Zip:	ORLANDO FL 32868

Title	EXECUTIVE SECRETARY
Name	MORRISON, CYNDY
Address	225 SOUTHERN PECAN CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

Title	CORRESPONDING SECRETARY
Name	JACKSON, WILLA
Address	6523 VERNON STREET
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	DAVIS, CAROLE
Address	6598 KREIDT DRIVE
City-State-Zip:	ORLANDO FL 32818

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: CAROLE DAVIS**TREASURER****04/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date