## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001061

Entity Name: WOMENS COUNCIL OF REALTORS OSCEOLA COUNTY

CHAPTER INC

**Current Principal Place of Business:** 

**404 BROADWAY** KISSIMMEE, FL 34741

**Current Mailing Address:** 

P.O. BOX 420210

KISSIMMEE, FL 34742 US

FEI Number: 59-2330304 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANNA, LESLIE **404 BROADWAY** 

KISSIMMEE, FL 34741 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: LESLIE HANNA 03/29/2019

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title PRESIDENT-ELECT Name ZILKE, MADIE Name FREEMAN, KELLY Address P.O. BOX 420210 Address P.O. BOX 420210 City-State-Zip: KISSIMMEE FL 34742 City-State-Zip: KISSIMMEE FL 34742

Title **TREASURER** Title DIRECTOR OF MEMBERSHIP

JARRETT, ANTIONETTE Name KENON, ROBERT Name

Address P.O. BOX 420210 Address P.O. BOX 420210 City-State-Zip: KISSIMMEE FL 34742

City-State-Zip: KISSIMMEE FL 34742

Title **DIRECTOR OF PROGRAMS** Title **SECRETARY** 

Name CORTES, SARAI SMILEY THEOBALD, MARCY Name Address P.O. BOX 420210 P.O. BOX 420210 Address City-State-Zip: KISSIMMEE FL 34742 KISSIMMEE FL 34742 City-State-Zip:

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: ANTIONETTE JARRETT

**TREASURER** 

03/29/2019

**FILED** Mar 29, 2019

**Secretary of State** 

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