## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N17000001061

Entity Name: WOMENS COUNCIL OF REALTORS OSCEOLA COUNTY

CHAPTER INC

**Current Principal Place of Business:** 

1401 BUDINGER AVE SAINT CLOUD, FL 34769

**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:

GILFORD, KRISTIE 1401 BUDINGER AVE SAINT CLOUD, FL 34769 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: KRISTIE GILFORD 12/05/2022

Electronic Signature of Registered Agent

\_iodioine Orginatale of Negloto et / gont

Officer/Director Detail:

**PRESIDENT** Title Title PRESIDENT-ELECT ALBELO, MARICARMEN Name Name KNOLLINGER, MILINDA P.O. BOX 420210 Address Address P.O. BOX 420210 City-State-Zip: KISSIMMEE FL 34742 City-State-Zip: KISSIMMEE FL 34742

Title **TREASURER** Title DIRECTOR OF MEMBERSHIP ALZATE, MARCELA Name GILFORD, KRISTIE Name Address P.O. BOX 420210 Address P.O. BOX 420210 City-State-Zip: KISSIMMEE FL 34742 City-State-Zip: KISSIMMEE FL 34742

Title **EVENTS DIRECTOR** Title FIRST VICE PRESIDENT Name DIAZ, TATIANA Name THAYER, GLADYS P.O. BOX 420210 Address Address P.O. BOX 420210 City-State-Zip: KISSIMMEE FL 34742 City-State-Zip: KISSIMMEE FL 34742

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: KRISTIE GILFORD

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

12/05/2022

Date

FILED Dec 05, 2022

Secretary of State 0550078855CC