02241999-90018-040-$61.25-$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90018 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 710903

1. Corporation Name
RETIRED OFFICERS' WIVES' CLUB OF CENTRAL FLORIDA , INC.

Principal Place of Business	Mailing Address
125 E. MARKS STREET P.O. BOX 140452 ORLANDO FL 32814-0452	125 E. MARKS STREET P.O. BOX 140452 ORLANDO FL 32814-0452

2. Principal Place of Business (21) | 2a. Mailing Address (26): POBox 300202
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28): FERN PARK, FL
Zip (24) Country (25) | Zip (29): 32730-0202 Country (30): USA

3. Date Incorporated or Qualified: 05/17/1966
4. FEI Number: 23-7375267 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, DAVID A., CPA
125 E. MARKS STREET
ORLANDO FL 32803

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 D NAME STREET ADDRESS CITY-ST-ZIP	PD TINKHAM, MARGARET 4032 YACHT CT WINTER PARK FL	☐ DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	4032 Yacht Ct 32792	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VD HOEHN, BENNA 520 ST DUNSTEN WAY WINTER PARK FL	☐ DELETE	2.1 TITLE D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1VP	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VD WILLMER, ELAINE 4010 FINCH AVE ORLANDO FL	☒ DELETE	3.1 TITLE D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2VP Horner, Jackie 9247 Allwood PL Orlando, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VD HARRISON, MARTY 1231 LAKE PIEDMONT CT APOPKA FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	3VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUOER, BETTY 250 IVY FARM LN CASSELBERRY FL	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	RS Clapp, Bonnie PO Box 180774 Casselberry, FL 32718	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, SHIRLEY 2017 KEWANNEE TRL CASSLEBERRY FL	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TALE Hale, Kathleen A. 325 Southcot Dr Casselberry, FL 32707	☒ Change ☐ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1-12-98 407-671-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #