

DOCUMENT # 710903

1. Entity Name

RETIRED OFFICERS' WIVES' CLUB OF CENTRAL FLORIDA

Principal Place of Business

125 E. MARKS STREET
P.O. BOX 140452
ORLANDO FL 32814-0452

Mailing Address

P.O. BOX 300202
FERN PARK FL 32730-0202
US

2. Principal Place of Business

ELKS Club

Suite, Apt. #, etc.

4755 Howell Branch Rd

City & State

Winter PARK, FL

Zip

32792

Country

Seminole

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7375267

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TINKHAM, MARGARET	
STREET ADDRESS	4032 YACHT CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	HOEHN, BENNA	
STREET ADDRESS	520 ST DUNSTEN WAY	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	HORNER, JACKIE	
STREET ADDRESS	9247 ALLWOOD PL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	3VP	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, MARTY	
STREET ADDRESS	1231 LAKE PIEDMONT CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	RS	<input type="checkbox"/> Delete
NAME	PLAPP, BONNIE	
STREET ADDRESS	P.O. BOX 180774	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, KATHLEEN A	
STREET ADDRESS	325 SOUTHCOT DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MARTY	
STREET ADDRESS	1231 LAKE PIEDMONT CT	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	1VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Elisabeth	
STREET ADDRESS	1849 OAK LN	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	2VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herring, Mildred	
STREET ADDRESS	1580 HARRIS CIR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	3VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cordes, Ann	
STREET ADDRESS	533 Eastbridge Dr	
CITY-ST-ZIP	DVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marty Harrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 2000

Date

407-886-1922

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-20-2000 90111 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)