

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90012 033 \*\*\*\*61.25

**DOCUMENT # 710903**

1. Entity Name

**RETIRED OFFICERS' WIVES' CLUB OF CENTRAL  
FLORIDA, INC.**



Principal Place of Business

**ELKS CLUB  
4755 HOWELL BRANCH RD  
WINTER PARK FL 32792**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11000410



MOORE

CR2E037 (4/04)

4. FEI Number  
**23-7375267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SIMMOROS, MARGIE ☒ Delete  
STREET ADDRESS 1004 SHINNECOCK HILLS DR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE PD ☒ Change ☐ Addition  
NAME HARRISON, MARTY  
STREET ADDRESS 1231 LK Piedmont Cir.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE 1VPD ☒ Delete  
NAME HERRING, MILDRED  
STREET ADDRESS 1580 HARRIS CIR  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE 1VPD ☒ Change ☐ Addition  
NAME GRIEVE, Judy  
STREET ADDRESS 1195 OAK CREEK CT  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE 2VPD ☐ Delete  
NAME HERRING, MILDRED  
STREET ADDRESS 3501 CHELSEA ST  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CS ☐ Delete  
NAME SCHUDER, BETTY  
STREET ADDRESS 250 IVY FARM LN  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE RS ☒ Delete  
NAME GRIEVE, RUDY  
STREET ADDRESS 1195 OAK CREEK CT  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE RS ☒ Change ☐ Addition  
NAME JERNIGAN, Rebecca  
STREET ADDRESS 1076 CORKWOOD CT  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete  
NAME HALE, KATHLEEN A  
STREET ADDRESS 325 SOUTHCOT DR  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-4

407-699-0447