2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 710903

1. Entity Name

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

Principal Place of Business	Mailing Address
ELKS CLUB 4755 HOWELL BRANCH RD WINTER PARK FL 32792	P.O. BOX 300202 FERN PARK FL 32730-0202 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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. 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 May 1, 2006

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	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HARRISON, MARTY		NAME	U00000472492
STREET ADDRESS	1231 LAKE PIEDMONT CIR		STREET ADDRESS	03/29/06-80038-023 61.25
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	
TITLE	1VD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	GRIEVE, JUDY		NAME	
STREET ADDRESS	1195 OAK CREEK CT		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	
TITLE	2VPD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HERRING, MILDRED		NAME	
STREET ADDRESS	3501 CHELSEA ST		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	
TITLE	CS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SCHUDER, BETTY		NAME	
STREET ADDRESS	250 IVY FARM LN		STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	
TITLE	RS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	KANTZ, MARION		NAME	
STREET ADDRESS	P.O. BOX 720455		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32872		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HALE, KATHLEEN A		NAME	
STREET ADDRESS	325 SOUTHCOT DR		STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3-17-06 407-886-19