



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 001 ****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 - No P.O. Box # Primrose ELKS CLUB Suite, Apt. #, etc. 12N PRIMROSE DR.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando FL		City & State		4. FEI Number 23-7375267	
Zip 32803		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, MARTY 1231 LAKE PIEDMONT CIR APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Katherine Frazer 806 Claydon Way Altamonte Springs FL 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD GRIEVE, JUDY 1195 OAK CREEK CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP Barbara Stafford 1044 Crystal Bowl cr Casselberry FL 32707-4537	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD HERRING, MILDRED 3501 CHELSEA ST ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QVP Jeannie Austin 3501 Chelsea St. ORLANDO FL 32803-2905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SCHUDER, BETTY 250 IVY FARM LN CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Loretta Zielinski 1111 S. Lakemont Ave #444 WINTER PARK FL 32792-4640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KANTZ, MARION P.O. BOX 720455 ORLANDO, FL 32872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Judy Grieve 1195 OAK CREEK CT. WINTER SPRINGS FL 32708-5084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, KATHLEEN A 325 SOUTHCOT DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tammy Nash 1003 BONNET CREEK COURT DUEDO FL 32765-5716	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

Katherine Frazer