

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710903

FILED
Apr 23, 2009
Secretary of State

Entity Name: RETIRED OFFICERS' WIVES' CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PRIMROSE ELKS CLUB
12 N PRIMROSE DR
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 300202
FERN PARK, FL 327300202 US

New Mailing Address:

FEI Number: 23-7375267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRAZER, KATHERINE
Address: 896 CLAYDON WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V () Delete
Name: STAFFORD, BARBARA
Address: 1044 CRYSTAL COWL CR
City-St-Zip: CASSELBERRY, FL 327074537

Title: V () Delete
Name: AUSTIN, JEANNIE
Address: 3501 CHELSEA ST
City-St-Zip: ORLANDO, FL 328032905

Title: CS () Delete
Name: ZIELINSKI, LORETTA
Address: 1111 S LAKEMONT AVE #444
City-St-Zip: WINTER PARK, FL 327924640

Title: RS () Delete
Name: GRIEVE, JUDY
Address: 1195 OAK CREEK CT
City-St-Zip: WINTER SPRINGS, FL 327085084

Title: T () Delete
Name: NASH, TAMMY
Address: 1003 BONNET CREEK COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAFFORD, BARBARA
Address: 1044 CRYSTAL BOWL CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Change () Addition
Name: OUELLETTE, CONSTANCE
Address: 520 CHARLESWOOD DR
City-St-Zip: ORLANDO, FL 32825

Title: V (X) Change () Addition
Name: HERRING, MILDRED
Address: 1580 HARRIS CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILKINSON, GLORIA
Address: 1510 CARLTON ST
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA WILKINSON

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date