

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710903

FILED
Apr 25, 2010
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
Name: STAFFORD, BARBARA
Address: 1044 CRYSTAL BOWL CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: V
Name: LEARY, MARY
Address: 950 W VOORHIS AVE
City-St-Zip: DELAND, FL 32720

Title: V
Name: HERRING, MILDRED
Address: 1580 HARRIS CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: CS
Name: KANTZ, MARION
Address: P. O. BOX 720455
City-St-Zip: ORLANDO, FL 32872 04

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

Title: T
Name: WILKINSON, GLORIA
Address: 1510 CARLTON ST
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: GLORIA WILKINSON

TREA

04/25/2010

Electronic Signature of Signing Officer or Director

Date