

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90164 044 \*\*\*\*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

4. FEI Number **23-7375267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, MYRLE	
STREET ADDRESS	3125 NICHOLSEN DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, MARGIE	
STREET ADDRESS	1004 SHINNECOCK HILLS DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	HERRING, MILDRED	
STREET ADDRESS	1580 HARRIS CIR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	CS	<input type="checkbox"/> Delete
NAME	SCHUDER, BETTY	
STREET ADDRESS	250 IVY FARM LN	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	RS	<input type="checkbox"/> Delete
NAME	GRIEVE, RUDY	
STREET ADDRESS	1195 OAK CREEK CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, KATHLEEN A	
STREET ADDRESS	325 SOUTHCOT DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MARGIE	
STREET ADDRESS	1004 SHINNECOCK HILLS DR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDRED HERRING	
STREET ADDRESS	1580 HARRIS CIR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	2VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, JEANNIE	
STREET ADDRESS	3501 CHELSEA ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

1-14-03

407-9M-DS16

CR2E037 (10/02)