

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90014 006 ****70.00

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03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1800795
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # 737201			
1. Entity Name WEST ORANGE GIRLS CLUB, INC.			
Principal Place of Business 881 OCOEE APOPKA RD OCOEE, FL 34761 US		Mailing Address P O BOX 705 OCOEE, FL 34761 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ROMANO, ERNEST J 1715 CROWN POINT WOODS CIRCLE OCOEE, FL 34761		7. Name and Address of New Registered Agent Name <u>JEFF NUCKOLES</u> Street Address (P.O. Box Number is Not Acceptable) <u>1977 HEDGE ROW CIR.</u> City <u>OCOEE</u> FL Zip Code <u>34761</u>	
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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 Jeff Nuckoles / JEFF NUCKOLES DATE 4/3/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROMANO, ERNEST 1715 CROWN POINT WOODS CIR. OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFF NUCKOLES 1977 Hedge row Cir. Ocoee, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NCKOLES, JEFF 1977 HEDGEROW CIR OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Chris Davis 1190 Partlow Dr. Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOSTER, TAMMY 1619 ISOM LANE OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, CHRIS 1190 PARTLOW DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JEFF THOMAS 2012 Ancient Oak Dr. Ocoee, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELLIOTT, SHERYL 4402 WINDERWOOD CIR ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Betty J. Butts 31406 Summit St. Sorrento, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: Jeff Nuckoles / JEFF NUCKOLES DATE 4/3/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR