

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 739188

1. Entity Name

ORGARLAN WOMEN'S CLUB, INC.



Principal Place of Business

1663 CHRISTOPHER STREET
WINTER GARDEN FL 34787-3707

Mailing Address

1663 CHRISTOPHER STREET
WINTER GARDEN FL 34787-3707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, FRANCES W.
1663 CHRISTOPHER STREET
WINTER GARDEN FL 32787

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
Due By May 1, 2005

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

DP ☐ Delete
NAME BROWN, JOYCE A
STREET ADDRESS 5177 LEATHA ST
CITY, ST, ZIP ORLANDO FL

01/28/05-80008-019-8725 ☐ Addition

H ☐ Delete
NAME WARD, CAROL(HISTORIAN)
STREET ADDRESS 175 LINCOLN TERR
CITY, ST, ZIP WINTER GARDEN FL

☐ Change ☐ Addition

D ☐ Delete
NAME JENKINS, FERNDAL
STREET ADDRESS 4701 DONOVAN ST
CITY, ST, ZIP ORLANDO FL

☐ Change ☐ Addition

TD ☐ Delete
NAME KING, FRANCES
STREET ADDRESS 1663 CHRISTOPHER
CITY, ST, ZIP WINTER GARDEN FL

☐ Change ☐ Addition

S ☐ Delete
NAME LANCASTER, LILLIAN
STREET ADDRESS 5043 PUEBLO ST
CITY, ST, ZIP WINTER GARDEN FL

☐ Change ☐ Addition

D ☐ Delete
NAME HOGAN, JANICE A
STREET ADDRESS 5706 STONERIDGE CT
CITY, ST, ZIP ORLANDO FL

☐ Change ☐ Addition

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: *Frances King* *Frances King* 01-25-05 407-656-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date