

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739188

FILED
Apr 03, 2009
Secretary of State

Entity Name: ORGARLAN WOMEN'S CLUB, INC.

Current Principal Place of Business:

1663 CHRISTOPHER STREET
WINTER GARDEN, FL 347873707

New Principal Place of Business:

Current Mailing Address:

1663 CHRISTOPHER STREET
WINTER GARDEN, FL 347873707

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, FRANCES W.
1663 CHRISTOPHER STREET
WINTER GARDEN, FL 32787 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: DP () Delete
Name: BROWN, JOYCE A,
Address: 5177 LEATHA ST
City-St-Zip: ORLANDO, FL

Title: H () Delete
Name: WARD, CAROL(HISTORIA, N)
Address: 175 LINCOLN TERR
City-St-Zip: WINTER GARDEN, FL

Title: D () Delete
Name: JENKINS, FERNDAL, E,
Address: 4701 DONOVAN ST
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: KING, FRANCES,
Address: 1663 CHRISTOPHER
City-St-Zip: WINTER GARDEN, FL

Title: S () Delete
Name: LANCASTER, LILLIAN,
Address: 5043 PUEBLO ST
City-St-Zip: WINTER GARDEN, FL

Title: D () Delete
Name: HOGAN, JANICE A,
Address: 5706 STONERIDGE CT
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: FRANCES KING

TD

04/03/2009

Electronic Signature of Signing Officer or Director

Date