

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009233

FILED
Jan 14, 2009
Secretary of State

Entity Name: WOMENS COUNCIL OF REALTORS OF EAST POLK COUNTY, INC.

Current Principal Place of Business:

700 AVENUE B., S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

505 AVENUE A N.W.
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 1607
WINTER HAVEN, FL 33882 16

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:

JASSO, CHRISTINA
98 1ST STREET NORTH
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

DAVENPORT, GAIL
505 AVENUE A N.W.
WINTER HAVEN, FL 33881 US

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: GAIL DAVENPORT

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JASSO, CHRISTINA
Address: 98 1ST STREET NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: MURPHY, PATTI
Address: 290 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN,, FL 33880

Title: TREA () Delete
Name: DEVANE, GLENDA
Address: 5628 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC () Delete
Name: DAVENPORT, GAIL
Address: 149 AVENUE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP M () Delete
Name: ADKINS, CHRISTI
Address: 290 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVENPORT, GAIL
Address: 505 AVENUE A N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP (X) Change () Addition
Name: ADKINS, CHRISTI
Address: 290 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN,, FL 33880

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

Title: SEC (X) Change () Addition
Name: RYAN, BONNIE
Address: 1695 BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: VP M (X) Change () Addition
Name: ARROYO-KIRCHGESSNER, EUNICE
Address: 290 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

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: GAIL DAVENPORT

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date