2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009233

FILED Jaņ 26, 2<u>01</u>1 Secretary of State

Date

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

Current Principal Place of Business: New Principal Place of Business:

290 CYPRESS GARDENS BLVD 277 MAGNOLIA AVE SW WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

P.O. BOX 1607

WINTER HAVEN, FL 33882 16

FEI Number: 86-1173880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADKINS, CHRISTI BICE, DARLENE 290 CYPRESS GARDENS BLVD 277 MAGNOLIA AVE SW WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 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: DARLENE BICE

01/26/2011 Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

PRES

BICE, DARLENE Name: Address: 277 MAGNOLIA AVE SW City-St-Zip: WINTER HAVEN, FL 33880

Title:

Name: DEVANE, GLENDA Address: 55 FIFTH STREET NW City-St-Zip: WINTER HAVEN,, FL 33881

Title: **TREA**

RYAN, BONNIE Name: 55 FIFTH STREET NW Address: City-St-Zip: WINTER HAVEN, FL 33881

Title: SEC

Name: BECKERT, CHERYL Address: 631 E CENTRAL AVENUE City-St-Zip: WINTER HAVEN, FL 33880

VP M Title: Name: TRAN, THAO

6330 CYPRESS GARDENS BLVD SE Address:

WINTER HAVEN, FL 33884 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DARLENE BICE **PRES** 01/26/2011