

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002084

FILED
Apr 22, 2009
Secretary of State

Entity Name: WOMEN OF CHARACTER BOOK CLUB, INC.

Current Principal Place of Business:

5301 OLD OAK TREE DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5301 OLD OAK TREE DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 56-2648734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, JENELLE R
5301 OLD OAK TREE DRIVE
ORLANDO, FL 32808 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: D () Delete
Name: BELL, JENELLE R
Address: 5301 OLD OAK TREE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: O () Delete
Name: HUNTER, ROXANNE
Address: 7701 FERRARA AVE
City-St-Zip: ORLANDO, FL 32819

Title: O () Delete
Name: THOMAS, LASHAWNDA
Address: 4855 VICTORY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: O () Delete
Name: BROWN, SAREETA
Address: 936 PINEDALE AVE
City-St-Zip: ORLANDO, FL 32808

Title: O () Delete
Name: DAVIS, HOPE
Address: 7719 FERRARA AVE
City-St-Zip: ORLANDO, FL 32819

Title: O () Delete
Name: COOK, SANDRA
Address: 7515 MARDARIN DR.
City-St-Zip: ORLANDO, FA 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: LONG, YVONNE
Address: 3420 COMMERCE AVE.
City-St-Zip: DELTONA, FL 32738

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

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

Title: O (X) Change () Addition
Name: BALKCOM, ELLENA
Address: 3805 SUN DEW DR.
City-St-Zip: ORLANDO, FL 32828

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: JBELL

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date