

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006506

FILED
Aug 06, 2009
Secretary of State

Entity Name: TEMPO WOMEN'S CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

588 BRANTLEY TERRACE WAY #106
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

14623 PINE FOREST CT
CLERMONT, FL 34711

Current Mailing Address:

588 BRANTLEY TERRACE WAY #106
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

14623 PINE FOREST CT
CLERMONT, FL 34711

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, EMELDA M
588 BRANTLEY TERRACE WAY #106
ALTAMONTE SPRINGS, FL 327140834 US

Name and Address of New Registered Agent:

DICKS, ANNETTE
14623 PINE FOREST CT
CLERMONT, FL 34711 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: ANNETTE DICKS

08/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, EMELDA M
Address: 588 BRANTLEY TERRACE WAY #106
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: RISPER, MAXINE
Address: 3202 MARTINIQUE WAY
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MORRISON, CYNDY
Address: 1000 VIZCAYA LAKE ROAD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: SIMMONS, CHERYL
Address: P.O. BOX 683215
City-St-Zip: ORLANDO, FL 32868

Title: D () Delete
Name: JACKSON, WILLA
Address: 6523 VERNON STREET
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: SIMS, KATIE
Address: 3215 FITZGERALD DRIVE
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DICKS, ANNETTE
Address: 14623 PINE FOREST CT
City-St-Zip: CLERMONT, FL 34711

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

Title: () Change () Addition
Name:
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Title: () Change () Addition
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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: ANNETTE DICKS

OFFI

08/06/2009

Electronic Signature of Signing Officer or Director

Date