1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N48614**

## WEST ORANGE CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

244 EACT CENEUA STREET

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90021 039 \*\*\*\*61.25



252 N. APOPKA HWY OCOEE FL 34761 US US										
Principal Place of Business     2a. Mailing Address						Date Incorporated or Qualifed				
21	26					04/27/1992				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			4. FEI Number			lied For	
22		27				59-2789093		Not Applicable		
City & State	•	City & State	City & State			5. Certificate of Status Desired		\$8.75 A		
23		28				5. Certificate of Status Desilied Fee Required				
Zip	Country Zip			ntry	<u> </u>	6. Election Campaign Financing		\$5.00 h		
24	25	29 30			Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
CHAMBERS, KELLY				82 Street Address (P.O. Box Number is Not Acceptable)						
OTAMBERO, RELLI				Street Address (F.O. Box Humber is Not Accopused)						
314 E GENEVA STREET			Ì	83	_					
OCOEE FL 34761								10-1 31 O		
				84	City		FL	85 Zip C	ode	
44. 5	the section of Continue C17 050	2 and 617 1509 Florida Statute	e the at	20V6-	named come	oration submits this statement for the	numose of o	changing its r	egistered	
office or re agent. I at	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617.0503, Flor	ida Statu	ites.	ne corporatio	on's board of directors. Thereby 2000		itment as reg	istered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature require	d when reinstating)	DATE	DIRECTOR	DC IN 12	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
TITLE	V	DELETE	1,1 111	1E				Citalige	L Addition	
NAME.	BETTY CORBITT	•	12NA	WE	1				}	
STREET ADDRESS	400 FLORIDA AVE		1.3 ST	REET /	ADDRESS					
CITY-ST-ZIP	WINTER GARDEN FL			TY ST	ZIP	<u> </u>				
TITLE	ST	☐ DELETE 2.1		Œ				Change	☐ Addition	
NAME	HERZIG, KERRY	KERRY 23		2.2 NAME					ľ	
STREET ADDRESS	renado, rentr		2.3 ST	2.3 STREET ADDRESS					j	
Į	OCOEE FL 34761			2.4 CITY-ST-ZIP				-	1	
CITY-ST-ZIP	T DELETE			3.1 TITLE				Change	☐ Addition	
TITLE	·-			3.2 NAME					1	
NAME	CHAMBERS KELLY		3.3 STREET ADDRESS		ADDRESS					
STREET ADDRESS	314 E GENEVA ST		3.4. CITY-ST-ZIP						ļ	
CITY-ST-ZIP			_		<u>-ZIP</u>			Change	Addition	
TITLE		[_J DELETE	4.1 TIT							
NAME	JOHNSON, DIANA J		4.2 N	AME						
STREET ADDRESS			4.3 ST	4.3 STREET ADDRESS						
CITY-ST-ZIP	MONTVERDE FL 34756		4.4 CI	TY-ST-	ZIP				CT A detect	
TITLE		☐ DELETE	5.1 TIT	LΕ				Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	REET	ADDRESS				ŀ	
CITY-ST-ZIP			5.4 CII	TY-ST-	-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TI7	ΠE				Change	☐ Addition	
NAME		_	6.2 NA	ME						
			6.3 ST	REET	ADDRESS					
STREET ADDRESS			•	TV ST					ľ	

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.