

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N48614

1. Entity Name
WEST ORANGE CIVITAN CLUB, INC.



Principal Place of Business
GRACE WORSHIP CENTER
1132 E. PLANT STREET
WINTER GARDEN, FL 34787 US

Mailing Address
604 RICH DRIVE
OCOE, FL 34761 US



07132006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2789093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAIRCLOTH, KRISTI G
604 RICH DRIVE
OCOE, FL 34761

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LONG, BERNICE
STREET ADDRESS	P O BOX 105
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	SKIPPER, Lyla
STREET ADDRESS	1512 MONA AVE
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	FAIRCLOTH, KRISTI
STREET ADDRESS	604 RICH DRIVE
CITY-ST-ZIP	OCOE, FL 34787
TITLE	D
NAME	JOHNSON, DIANA
STREET ADDRESS	617 BAY COURT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	ADAMS, SHEILA
STREET ADDRESS	1015 GLENHARBOR CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Kristi G Faircloth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/06

Date

(407) 760-1440

Daytime Phone #