

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 022 ****61.25

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

40126610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2789093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIRCLOTH, KRISTI G
604 RICH DRIVE
OCOE, FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LONG, BERNICE ☐ Delete
P O BOX 105
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition
Long, Bernice
1006 Doreen Ave
Ocoee, FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
SKIPPER, LYLA
1512 MONA AVE
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
FAIRCLOTH, KRISTI
604 RICH DRIVE
OCOE, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
JOHNSON, DIANA
617 BAY COURT
ORLANDO, FL 32836

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
ADAMS, SHEILA
1015 GLENHARBOR CIRCLE
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 of 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kristi G Faircloth **Kristi G. Faircloth** **7/17/07** **(407) 760 1440**