

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N49755

Entity Name: WOMAN'S CLUB OF OCOEE, INC.

Current Principal Place of Business:

4 NO LAKEWOOD AVE
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 953
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2364376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, NANCY L
21 MAGNOLIA ST
OCOEE, FL 34761 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: PD () Delete
Name: RADUENZ, VICKI
Address: 401 ABBEY RIDGE CT
City-St-Zip: OCOEE, FL 34761

Title: 1VPD () Delete
Name: ANTONOV, MARY JANE
Address: 1341 OLYMPIA PARK CIR
City-St-Zip: OCOEE, FL 34761

Title: 2PVD () Delete
Name: KINNIE, MYRA
Address: 504 WEST AVE
City-St-Zip: OCOEE, FL 34761

Title: RECS () Delete
Name: TITUS, JACKIE
Address: 1100 MALCOM RD
City-St-Zip: OCOEE, FL 34761

Title: CORS () Delete
Name: LEMONS, TERESA
Address: 927 CHAPEL OAKS CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: SILLS, CATHY M
Address: 205 S. LAKESHORE DR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TD (X) Change () Addition
Name: SILLS, CATHY J
Address: 205 S. LAKESHORE DR
City-St-Zip: OCOEE, FL 34761

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: CATHY SILLS

TD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date