

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N98000002015	
1. Entity Name VILLAGE IMPROVEMENT ASSOCIATION ORANGE CITY WOMAN'S CLUB, INC.	
Principal Place of Business 200 E. ROSE AVE ORANGE CITY, FL 32763	Mailing Address P.O. BOX 741371 ORANGE CITY, FL 32763



01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0242940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEFILS, GREGORY W C.P.A.
165 S. OAK AVENUE
ORANGE CITY, FL 32763**

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000807424
02/07/08-80007-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMEROY, DOROTHY 667 N LEAVITT AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LARSON, DORIS 951 OAKWOOD RD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOX, BETTE 2235 SE 2ND ST ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JANE 640 LANTERN LN ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

Dorothy Pomeroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #