

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002015

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** VILLAGE IMPROVEMENT ASSOCIATION ORANGE CITY WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

200 E. ROSE AVE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 741371  
ORANGE CITY, FL 32763

**New Mailing Address:**

P.O. BOX 741371  
ORANGE CITY, FL 32774

**FEI Number:** 59-0242940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFILS, GREGORY W C.P.A.  
165 S. OAK AVENUE  
ORANGE CITY, FL 32763 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: DP ( ) Delete  
Name: POMEROY, DOROTHY  
Address: 667 N LEAVITT AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: DV ( ) Delete  
Name: LARSON, DORIS  
Address: 951 OAKWOOD RD  
City-St-Zip: ORANGE CITY, FL 32763

Title: DS ( ) Delete  
Name: FOX, BETTE  
Address: 2235 SE 2ND ST  
City-St-Zip: ORANGE CITY, FL 32763

Title: T ( ) Delete  
Name: MILLER, JANE  
Address: 640 LANTERN LN  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LAFLEUR, JOAN J  
Address: 20 AZALEA DR., UNIT A  
City-St-Zip: ORANGE CITY, FL 32763

Title: DV (X) Change ( ) Addition  
Name: WILLIAMS, PATRICIA  
Address: 881 TAPPAN CIRCLE  
City-St-Zip: ORANGE CITY, FL 32763

Title: DS (X) Change ( ) Addition  
Name: BENTON, CAROLYN  
Address: 710 WEST WISCONSIN AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: T (X) Change ( ) Addition  
Name: DOROTHY, POMEROY  
Address: 667 NORTH LEAVITT AVE.  
City-St-Zip: ORANGE CITY, FL 32763

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: JOAN J. LAFLEUR

PRES

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date