

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048355

FILED
Jan 06, 2011
Secretary of State

Entity Name: WOMEN'S COUNCIL OF REALTORS OSCEOLA COUNTY CHAPTER INC.

Current Principal Place of Business:

504 CELEBRATION AVE
CELEBRATION, FL 34747

New Principal Place of Business:

509 VIA VENETO COURT
KISSIMMEE, FL 34759

Current Mailing Address:

PO BOX 420210
KISSIMMEE, FL 34742

New Mailing Address:

509 VIA VENETO COURT
KISSIMMEE, FL 34759

FEI Number: 59-2330304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, RIVA
504 CELEBRATION AVENUE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

FOELS, SUE
509 VIA VENETO COURT
KISSIMMEE, FL 34759 US

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: SUZANNE FOELS

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PL
Name: FOELS, SUZANNE
Address: PO BOX 420210
City-St-Zip: KISSIMMEE, FL 34742

Title: VP
Name: DECOSTER, CINDY
Address: PO BOX 420210
City-St-Zip: KISSIMMEE, FL 34742

Title: VP
Name: DECOSTER, CINDY
Address: PO BOX 420210
City-St-Zip: KISSIMMEE, FL 34742

Title: T
Name: DUSETTE, JAN
Address: PO BOX 420210
City-St-Zip: KISSIMMEE, FL 34742

Title: SEC
Name: DOBBIE, BETTY
Address: PO BOX 420210
City-St-Zip: KISSIMMEE, FL 34742

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE FOELS

PL

01/06/2011

Electronic Signature of Signing Officer or Director

Date