

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001061

Entity Name: WOMEN'S COUNCIL OF REALTORS OSCEOLA COUNTY, INC**Current Principal Place of Business:**1401 BUDINGER AVE
SAINT CLOUD, FL 34769**Current Mailing Address:**P.O. BOX 701037
SAINT CLOUD, FL 34769 US**FEI Number:** 59-2330304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILFORD, KRISTIE
1401 BUDINGER AVE
SAINT CLOUD, FL 34769 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:** KRISTIE GILFORD

01/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KNOLLINGER, MILINDA
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

Title	PRESIDENT-ELECT
Name	NIEVES, MAYRA
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

Title	DIRECTOR OF MEMBERSHIP
Name	SABRA, RAYNA
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

Title	TREASURER
Name	GILFORD, KRISTIE
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

Title	FIRST VICE PRESIDENT
Name	FREDRICK, JESSICA
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

Title	EVENTS DIRECTOR
Name	SANTACRUZ, MARIA
Address	P.O. BOX 701037
City-State-Zip:	SAINT CLOUD FL 34769

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

SIGNATURE: KRISTIE GILFORD

TREASURER

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date