

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703312

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** WILLISTON JUNIOR WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

1049 NE 6 BLVD  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 416  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:** 59-0837907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLNUTT, ANDREA M  
628 SW 7 AVE  
WILLISTON, FL 32696 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  
Name: SISTRUNK, CATRINA  
Address: 6290 NE 184 TERR  
City-St-Zip: WILLISTON, FL 32696

Title: VD  
Name: MORAN, JESSICA  
Address: 5010 NE 155 AVE  
City-St-Zip: WILLISTON, FL 32696

Title: 2VP  
Name: MCGOWAN, SCARLETT  
Address: PO BOX 542  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: WILLIAMS, ERIN  
Address: 16153 NE 50 ST  
City-St-Zip: WILLISTON, FL 32696

Title: T  
Name: ALLNUTT, ANDREA M  
Address: 628 SW 7 AVE  
City-St-Zip: WILLISTON, FL 32696

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: ANDREA M. ALLNUTT

TRES

04/19/2011

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

\_\_\_\_\_  
Date