


2007 NOT-FOR-PROFIT ELECTION STATEMENT
ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 025 ****61.25

DOCUMENT # 706371

1. Entity Name
**THE FORT MYERS BEACH WOMAN'S CLUB,
INCORPORATED**



Principal Place of Business Mailing Address
175 STERLING AVENUE **PO BOX 22**
FT MYERS BEACH, FL 33931 US **FT MYERS BEACH, FL 33931 US**

40056626



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04012007 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number Applied For
59-6133785 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEDERSON, KJELL
2555 ESTERO BLVD.
FT MYERS BCH, FL 33931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, SALLY 12 ARENIDA CARITA FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENE, BARBARA 274 CURLEW ST FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, MAUREEN 4361 BAY BEACH LN FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADFISH, HELEN 5580 AVENIDA PESCADOTA FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOUDER, MARY 650 MATANZAS CT FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, JERRY 127 BAY MAR DR. FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co Pres SAUNDERS SALLY 12 ARENIDA CARITA FT. MY. Bch, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judy Kilburg 150 Curlew St. Ft. My. Bch, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD No Change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co Pres Bradfish, Helen 5580 Avenida Pescadota Ft. My. Bch, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBARA DIAMOND 7400 ESTERO BLVD Ft. My Bch, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rita Radigan 16110A CT 20276 FOXWORTH CR. ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maureen Sullivan 4/5/07 (239) 463-0780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #