


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714366.**  
1. Entity Name  
**EAST PALMETTO WOMENS CLUB, INC.**



Principal Place of Business      Mailing Address  
**1600 8TH AVENUE WEST  
PALMETTO FL 34221  
US**      **1600 8TH AVENUE WEST  
PALMETTO FL 34221  
US**



2. Principal Place of Business      3. Mailing Address  
*East Palmetto Womens Club*      *1600 8th Ave. W*

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

2nd MOORE      CR2E037 (4/06)

City & State      City & State  
*Palmetto, FL.*

4. FEI Number      Applied For  
**59-2456840**       Not Applicable

Zip      Country      Zip      Country  
*34221*      *Manly*

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

**6. Name and Address of Current Registered Agent**  
**DANIELS, EVA  
1801 5TH AVE WEST  
PALMETTO FL 34221**

**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 *Eva R. Daniels*      DATE *8/31/06*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By September 6, 2006**

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	PD DANIELS, EVA 1801 5TH AVE WEST PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMMONS, DOROTHY 3004 9TH AVE. DR., E. PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BALKMAN, MELDORE 210 15TH ST. W. PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input 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: *Meldore Balkman*      *8/31/06*      *941-722-8764*