


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 16 AM 9:11

DOCUMENT # 714366 1. Entity Name EAST PALMETTO WOMENS CLUB, INC.	
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Principal Place of Business 1600 8TH AVENUE WEST PALMETTO, FL 34221 US	Mailing Address 1600 8TH AVENUE WEST PALMETTO, FL 34221 US
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2. Principal Place of Business - No P.O. Box # <i>1600 8th Ave. W.</i>	3. Mailing Address Suite, Apt. #, etc.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Palmetto, Fl.</i>	City & State
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Zip <i>34221</i>	Country <i>Mont.</i>	Zip	Country
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10292007 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2456840	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Eva R. Daniels</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>11/07/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$236.25
 After January 1, 2008, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD DANIELS, EVA <input type="checkbox"/> Delete 1801 5TH AVE WEST PALMETTO, FL 34221
TITLE	SD SIMMONS, DOROTHY <input type="checkbox"/> Delete 3004 9TH AVE. DR., E. PALMETTO, FL 34221
TITLE	TD BALKMAN, MELDORE <input type="checkbox"/> Delete 210 15TH ST. W. PALMETTO, FL 34221
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112352285 11/16/07--01005--017 **236.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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: <i>Meldore Balkman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>11/07/07</i> 941-722-8764 <small>Date Daytime Phone #</small>
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