


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739973 1. Entity Name THE UNIQUE WOMEN'S CLUB, INCORPORATED	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 FEB 22 AM 10:33

Principal Place of Business 1615 NW 192ND AVE. GAINESVILLE, FL 32609 US	Mailing Address 1615 NW 192ND AVE. GAINESVILLE, FL 32609 US
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2539266	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SINGLETON, GERALDINE H
 1615 NW 192ND AVE.
 GAINESVILLE, FL 32609

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BANKS, ABBIE
STREET ADDRESS	22425 NORTH STATE RD 235
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	V
NAME	YOUNG, BETTY
STREET ADDRESS	317 NW 192ND AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	S
NAME	DOBY, GENEVA B
STREET ADDRESS	2016 NW 31ST PL
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	T
NAME	SINGLETON, BETTY
STREET ADDRESS	1926 NE 192ND AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	SINGLETON, GERALDINE H
STREET ADDRESS	1615 NW 192ND AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	B 2/22/08
STREET ADDRESS	
CITY-ST-ZIP	

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300119545723
 03/06/08--01012--015 **69.00

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: Geneva B Doby Date: Feb. 13, 2008 (352) 375-5185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #