

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739973

FILED
Jan 21, 2009
Secretary of State

Entity Name: THE UNIQUE WOMEN'S CLUB, INCORPORATED

Current Principal Place of Business:

1615 NW 192ND AVE.
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

1615 NW 192ND AVE.
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-2539266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, GERALDINE H
1615 NW 192ND AVE.
GAINESVILLE, FL 32609 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: P () Delete
Name: BANKS, ABBIE
Address: 22425 NORTH STATE RD 235
City-St-Zip: BROOKER, FL 32622

Title: V () Delete
Name: YOUNG, BETTY
Address: 317 NW 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: S () Delete
Name: DOBY, GENEVA B
Address: 2016 NW 31ST PL
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: SINGLETON, BETTY
Address: 1926 NE 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: SINGLETON, GERALDINE H
Address: 1615 NW 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRAWDER, RUTH C
Address: 15805 NE 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: V (X) Change () Addition
Name: GARDNER, LEOLA
Address: 2114 NE 7TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: S (X) Change () Addition
Name: SINGLETON, GERALDINE
Address: 1615 NW 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORRIS, BERIA
Address: 215 NW 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUTH C STRAWDER

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date