

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739973

FILED  
Feb 13, 2012  
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  
Name: MOTEN, HELEN  
Address: 16113 NW CR 225  
City-St-Zip: GAINESVILLE, FL 32609

Title: V  
Name: YOUNG, BETTY  
Address: 317 NW 192ND AVENUE  
City-St-Zip: GAINESVILLE, FL 32609

Title: S  
Name: DOUGLAS, ALTAMEASE  
Address: 21316 N STATE ROAD 235  
City-St-Zip: BROOKER, FL 32622

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALTAMEASE DOUGLAS

S

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date