

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N05110

Entity Name: REDLANDS WOMAN'S CLUB, INC.

Current Principal Place of Business:

PO BOX 902072
HOMESTEAD, FL 33030

New Principal Place of Business:

19346 SW 262 ST
HOMESTEAD, FL 33031

Current Mailing Address:

PO BOX 902072
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-2448704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CREASMAN, BEATRICE S
19346 SW 262ND ST
HOMESTEAD, FL 33031 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: T () Delete
Name: CREASMAN, BEATRICE S
Address: 19346 SW 262 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: WALDMAN, JUDY
Address: 1283 EGRET RD
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: ROTHWELL, AUDRA
Address: 2310 SE 24TH AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: P () Delete
Name: HARRILL, MARIE
Address: 27805 SW 202 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: POWELL, CLARA WATERMAN
Address: 2278 SE 27 DRIVE
City-St-Zip: HOMESTEAD, FL 33035

Title: S () Delete
Name: TRENT, MARY JANE
Address: 323 SW 200 CT
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ROTHWELL, AUDRA
Address: 19346 SW 262 ST
City-St-Zip: HOMESTEAD, FL 33031

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

Title: VP (X) Change () Addition
Name: POWELL, CLARA WATERMAN
Address: 2274 SE 27 DRIVE
City-St-Zip: HOMESTEAD, FL 33035

Title: S (X) Change () Addition
Name: TRENT, MARY JANE
Address: 32305 SW 200 CT
City-St-Zip: HOMESTEAD, FL 33030

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: BEATRICE S CREASMAN

T

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date