

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2009
Secretary of State**

DOCUMENT# N94000004097

Entity Name: HYDE PARK WOMEN'S CLUB & THE BONNEY READ KREWE, INC.

Current Principal Place of Business:

5804 DORY WAY
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

5804 DORY WAY
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATTHEWS, CHARLES W
5804 DORY WAY
TAMPA, FL 33615 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: CD () Delete
Name: FERGUSON, CAROL
Address: 3312 HARBOUR VIEW AVE. W.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: MATTHEWS, CAMILLE D
Address: 5804 DORY WAY
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KING, JOAN
Address: 823 BAYSHORE DRIVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAMILLE MATTHEWS

VP

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date