

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90080 048 ****61.25



DOCUMENT # N96000006362

1. Entity Name

WOMAN'S CLUB OF OLDSMAR, INC.

Principal Place of Business

207 EXETER ST
 OLDSMAR FL 34677

Mailing Address

P.O. BOX 128
 OLDSMAR FL 34677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *SAME*

Suite, Apt. #, etc. *SAME*

City & State *SAME*

City & State *SAME*

1st MOORE CR2E037 (10/05)

4. FEI Number

59-1691385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORGENSEN, A JEAN
 104 SHORE DR PL
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name *A. JEAN JORGENSEN*
 Street Address (P.O. Box Number is Not Acceptable)
104 SHORE DR. PL.
OLDSMAR,
 City **FL** Zip Code *34677*

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

A. Jean Jorgensen, Treas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/14/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JORGENSEN, A JEAN	
STREET ADDRESS	104 SHORE DR PL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOHR, JANE	
STREET ADDRESS	505 OAKLEAF BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NEELEY, PEGGY J	
STREET ADDRESS	1811 IRONWOOD CT W	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, SHIRLEY	
STREET ADDRESS	15 PINTAIL PL	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEELEY, PEGGY J.	
STREET ADDRESS	1811 IRONWOOD CT. W.	
CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE BOHR	
STREET ADDRESS	505 OAKLEAF BLVD	
CITY-ST-ZIP	OLDSMAR, FL. 34677	<i>VSAME</i>
TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, A. JEAN	
STREET ADDRESS	104 SHORE DR. PL.	
CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY SEARS	
STREET ADDRESS	324 SHORE DR. E	
CITY-ST-ZIP	P.O. BOX 43 OLDSMAR, FL. 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

A. Jean Jorgensen

2/14/06

813-855-3867