

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90018 027 \*\*\*\*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



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1691385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGENSON, A JEAN  
 104 SHORE DR PL  
 OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GAETZ, FRANCES	
STREET ADDRESS	325 LAKE PLACID CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOHR, JANE	
STREET ADDRESS	505 OAKLEAF BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORGENSEN, JEAN A	
STREET ADDRESS	104 SHORE DR PL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEARS, SANDY	
STREET ADDRESS	324 SHORE DR E/P.O.BOX 43	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANE FORMAN	
STREET ADDRESS	612 CHESTNUT ST	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY FITZGERALD	
STREET ADDRESS	15 PINTAIL DR	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
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		
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

2/14/08 913-855-3067