

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2009  
Secretary of State**

DOCUMENT# N96000006362

Entity Name: WOMAN'S CLUB OF OLDSMAR, INC.

**Current Principal Place of Business:**

207 EXETER ST  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 128  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-1691385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORGENSON, A JEAN  
104 SHORE DR PL  
OLDSMAR, FL 34677      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      ( ) Delete  
Name: FORMAN, RIANE  
Address: 612 CHESTNUT ST  
City-St-Zip: OLDSMAR, FL 34677

Title: VD      ( ) Delete  
Name: FITZGERALD, SHIRLEY  
Address: 15 PINTAIL FR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T      ( ) Delete  
Name: JORGENSEN, JEAN A  
Address: 104 SHORE DR PL  
City-St-Zip: OLDSMAR, FL 34677

Title: S      (X) Delete  
Name: SEARS, SANDY  
Address: 324 SHORE DR E/P.O.BOX 43  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: BOHR, JANE  
Address: 505 OAKLEAF BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: T      (X) Change ( ) Addition  
Name: JORGENSON, A. JEAN  
Address: 104 SHORE DR. PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: S      (X) Change ( ) Addition  
Name: FORMAN, DIANE  
Address: 612 CHESTMNUT ST.  
City-St-Zip: OLDSMAR, FL 34677

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: A. JEAN JORGENSON

T

03/06/2009

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

\_\_\_\_\_  
Date