

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708871

FILED
Mar 27, 2009
Secretary of State

Entity Name: WOMEN CIVIC CLUB OF BELLE GLADE, INC.

Current Principal Place of Business:

1201 S.W. AVENUE E
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P O BOX 96
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0740323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILULA, IDA A
841 SW AVENUE B
BELLE GLADE, FL 33430 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: AVERY, MORDINE
Address: 139 PUFFIN CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD () Delete
Name: WHITE, DELORIS
Address: 601 SW 12TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: TAYLOR, REBA
Address: 573 S.W. 11TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: GILULA, IDA A
Address: 841 SW AVE B
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: BYRD, MAE BELL
Address: 1224 SW AVENUE C
City-St-Zip: BELLE GLADE, FL 33432

Title: D () Delete
Name: SMITH, IRIS L
Address: 841 SW AVE B
City-St-Zip: BELLE GLADE, FL 33430

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:

Title: () Change () Addition
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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: IDA A GILULA

TD

03/27/2009

Electronic Signature of Signing Officer or Director

Date