I hereby 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 all other like empowered.				
SIGNATURE: PAT LANGFORD	TREASURER	03/28/2018		

Electronic Signature of Signing Officer/Director Detail

Entity Name: CRAWFORDVILLE WOMAN'S CLUB, INC.

Current Principal Place of Business:

64 OCHLOCKONEE ST CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 682 CRAWFORDVILLE, FL 32326

FEI Number: 59-6138994

Name and Address of Current Registered Agent:

CALHOUN, PAT P/D 53 WILDLIFE LANE CRAWFORDVILLE, FL 32327 US

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.

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SIGNATURE	: PAT CALHOUN		03/28/2018
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	VSD	Title	SECRETARY
Name	BURKE, NITA	Name	CAMERON, CATHERINE
Address	P.O. BOX 682	Address	1330 DR. MLK, JR. MEMORIAL RD.
City-State-Zip:	CRAWFORDVILLE FL 32326	City-State-Zip:	CRAWFORDVILLE FL 32327
Title	TREASURER	Title	BOOKING CHAIRMAN
Name	LANGFORD, PAT	Name	GREENE, ABBIEANN/MISTI
Address	185 FULTON HARVEY ROAD	Address	90 BEAR LANE
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	CRAWFORDVILLE FL 32327

Certificate of Status Desired: No

FILED Mar 28, 2018 Secretary of State CC9984632932

Date