

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749165

**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**Certificate of Status Desired:** No**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.***SIGNATURE:** PAT CALHOUN

03/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VSD
Name	BURKE, NITA
Address	P.O. BOX 682
City-State-Zip:	CRAWFORDVILLE FL 32326

Title	TREASURER
Name	LANGFORD, PAT
Address	185 FULTON HARVEY ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	SECRETARY
Name	HENDERSON, LINDA
Address	278 GUY STRICKLAND ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	BOOKING CHAIRMAN
Name	GREENE, ABBIEANN/MISTI
Address	90 BEAR LANE
City-State-Zip:	CRAWFORDVILLE FL 32327

*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**

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date