

**2022 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:**HENDERSON, LINDA  
278 GUY STRICKLAND RD  
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:** LINDA HENDERSON

03/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            TABAKA-KRITZECK, SUE  
Address        2289 SURF RD C3  
City-State-Zip: PANACEA FL 32346

Title            SECRETARY  
Name            JACKSON, PATTI  
Address        178 DUNCAN DR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            TREASURER  
Name            SPEIGNER, NANCY  
Address        18 EXCALIBUR DR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            BOOKING CHAIRMAN  
Name            GREENE, ABBIEANNE/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:** NANCY SPEIGNER**TREASURER**

03/01/2022

Electronic Signature of Signing Officer/Director Detail

Date