2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703312

FILED Apr 30, 2009 Secretary of State

Entity Name: WILLISTON JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1049 NE 6 BLVD WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

P.O. BOX 416 WILLISTON, FL 32696

FEI Number: 59-0837907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLNUTT, MONIQUE THROCKMORTON, JESSICA 628 SW 7 AVE 628 SW 7 AVE

WILLISTON, FL 32696 WILLISTON, FL 32696 US 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: JESSICA THROCKMORTON 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ALLNUTT, MONIQUE THROCKMORTON, JESSICA Name: Name: 628 SW 7 AVE Address: 427 SE 1ST STREET Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: WILLISTON, FL 32696

(X) Change () Addition Title: VD Title: VD () Delete SISTRUNK, CATRINA Name: VASSOU, TAMMIE Name: Address:

6290 N.E. 184TH TERRACE Address: 12910 NE 75TH STREET City-St-Zip: WILLISTON, FL 32696 City-St-Zip: BRONSON, FL 32621

Title: () Delete Title: 2VP (X) Change () Addition PETTEWAY, BRANDY BENTON, JENNIFER Name: Name:

2891 N.E. 167TH AVENUE Address: Address: 5412 NE 140TH CT City-St-Zip: WILLISTON, FL 32696 City-St-Zip: WILLISTON, FL 32696

Title: () Delete Title: (X) Change () Addition

THROCKMORTON, JESSICA Name: Name: SISTRUNK, CATRINA 6290 NE 184TH TERR Address: 427 SE 1 ST Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: WILLISTON, FL 32696

Title: () Delete Title: (X) Change () Addition

HOLCOMB, KAY MCGOWAN, SCARLETT Name: Name:

21050 NE 68 LANE PO BOX 542 Address: Address:

City-St-Zip: WILLISTON, FL 32696 City-St-Zip: WILLISTON, FL 32696

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: JESSICA THROCKMORTON Ρ 04/30/2009