

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704167

FILED
Mar 27, 2009
Secretary of State

Entity Name: OPA-LOCKA WOMAN'S CLUB, INC.

Current Principal Place of Business:

481 SHARAZAD BLVD.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

C/O MARY VANDERLAAN
2970 N.W. 164TH STREET
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 16-1412080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDERLAAN, MARY C
2970 NW 164TH STREET
OPA LOCKA, FL 33054 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: VANDERLAAN, MARY C
Address: 2970 NW 164 ST
City-St-Zip: OPA-LOCKA, FL 33054

Title: V () Delete
Name: LAFRANCE, DENISE
Address: 480 NW 76 AVE, APT. 102, BLDG. 1
City-St-Zip: MARGATE, FL 33063

Title: S/T () Delete
Name: MUNK-MADSEN, MAXINE
Address: 6765 AZALEA DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: SUDOL, ROSE
Address: 480 NW 76 AVE, BLDG 1, #102
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: GUNDERSON, HOLLIE R
Address: 35 RIDGEWOOD COURT, RIDGEWOOD HEIGHTS
City-St-Zip: DALEVILLE, AL 36322

Title: D () Delete
Name: CURTIS, CARRIANNE C
Address: 7243 SWALLOW RUN
City-St-Zip: WINTER PARK, FL 32792

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:

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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: MAXINE MUNK-MADSEN

S/T

03/27/2009

Electronic Signature of Signing Officer or Director

Date