


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90048 020 \*\*\*\*70.00

<b>DOCUMENT # 704504</b> 1. Entity Name <b>THE FLORIDA FEDERATION OF WOMEN'S CLUBS</b>					
Principal Place of Business <b>4444 FLORIDA NATIONAL DRIVE LAKELAND, FL 33813</b>				Mailing Address <b>4444 FLORIDA NATIONAL DRIVE LAKELAND, FL 33813</b>	
2. Principal Place of Business - No P.O. Box # <b>same as above</b>				3. Mailing Address <b>same as above</b>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number <b>59-0804690</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GARRUTH, CHARLYNE Patricia Keel 4444 FLORIDA NATIONAL DR LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Patricia Keel</b> Street Address (P.O. Box Number is Not Acceptable) <b>4444 Florida National Drive</b> City <b>Lakeland</b> FL <b>33813</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Patricia Keel President</b> <span style="float: right;"><b>4/18/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CASON, MARION</b> <b>1021 SE 8TH ST</b> <b>WILLISTON, FL 32696</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>KEEL, PATRICIA</b> <b>3301 SAN NICHOLAS ST</b> <b>TAMPA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>CARRUTH, CHARLYNE</del> <del>P.O. BOX 4607</del> <del>HALEAH, FL 33014</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DENNIS, LINDA</b> <b>3067 ALATKA CT</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Patricia Acker</b> <b>1895 Hickory Lane</b> <b>Atlantic Beach, FL 32233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Patricia Acker Patricia Acker</b> <span style="float: right;"><b>4/18/07 904-249-4232</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					