# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90008 024 ****70.00

DOCUMENT # 704504

1. Entity Name

THE FLORIDA FEDERATION OF WOMEN'S CLUBS

| Principal Place of Business | Mailing Address |
|---|---|
| 4444 FLORIDA NATIONAL DRIVE<br>LAKELAND FL 33813 | 4444 FLORIDA NATIONAL DRIVE<br>LAKELAND FL 33813 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0804690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KEEL, PATRICIA
4444 FLORIDA NATIONAL DR
LAKELAND FL 33813

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Patricia Keel, President 2/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to: Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CASON, MARION<br>1021 SE 8TH ST<br>WILLISTON FL 32696 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Finance Officer<br>Carole Weaver<br>1127 Ashbourne Circle<br>Trinity, FL 34655-7106 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KEEL, PATRICIA<br>3301 SAN NICHOLAS ST<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Theodora Hulse<br>402 Coply Terrace<br>Sebastian, FL 32958 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CARRUTH, CHARLYNE<br>P.O. BOX 4607<br>HIALEAH FL 33014 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DENNIS, LINDA<br>3067 ALATKA CT<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ACKER, PATRICIA<br>1895 HICKORY LANE<br>ATLANTIC BEACH FL 32233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Patricia Acker Patricia Acker 2/7/08 904-249-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number