

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 007 ****70.00

DOCUMENT # 706236					
1. Entity Name LABELLE COMMUNITY WOMANS CLUB INCORPORATED					
Principal Place of Business PO BOX 551 LABELLE, FL 33975			Mailing Address PO BOX 551 LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # 382 W. Hickpochee		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LABELLE, FL		City & State		4. FEI Number 59-6140800	
Zip 33935		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALE-HULL, MARION B 4502 ECHO CT. LABELLE, FL 33935			7. Name and Address of New Registered Agent Name: <u>ROMER, AUDREY</u> Street Address (P.O. Box Number is Not Acceptable): <u>900 AQUA ISLES BLVD #M-7</u> City: <u>LABELLE</u> <u>FL</u> <u>33935</u>		
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: <u>Audrey Romer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>AUDREY ROMER</u> <small>(NOTE: Registered Agent signature required when renewing)</small>		<u>7-6-07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete CAMPBELL, LYNNE 566 CHAMONIX AVE. S LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete HUMPHRIES, MARTHA R P.O. BOX 53 LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete VALE-HULL, MARION 4502 ECHO CT. LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete YOUNG, PENNY 4506 FIRE CT. LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete SWINK, JUDITH 4213 FORT KEIS ST. LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KRAFT, CAROL 223 DAK ST SW LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POTOLAR, DIANE 12605 AQUA LANE SW MOOREHAVEN, FL 33471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROMER, AUDREY 900 AQUA ISLES BLVD #M-7 LABELLE, FL 33935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVIDSON, LINDA 310 HAMILTON AVE LEHIGH ACRES, FL 33912				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Audrey Romer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7-6-07</u> <u>863-615-4122</u> <small>Date Daytime Phone #</small>			