


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 005 ****61.25

DOCUMENT # 706236	
1. Entity Name LABELLE COMMUNITY WOMANS CLUB INCORPORATED	

Principal Place of Business 382 W. HICKPOCHEE LABELLE, FL 33975	Mailing Address PO BOX 551 LABELLE, FL 33975
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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

6. Name and Address of Current Registered Agent	
ROMER, AUDREY 900 AQUA ISLES BLVD # M-7 LABELLE, FL 33935	

7. Name and Address of New Registered Agent	
Name FIDANZA, DIANE E.	
Street Address (P.O. Box Number is Not Acceptable) 224 OAK ST SW	
City LABELLE	FL Zip Code 33935

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 <i>Diane E. Fidanza</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DIANE E. FIDANZA <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 6-13-08

Filing Fee is \$61.25 Due by September 12, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAFT, CAROL 223 OAK ST SW LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, TERRIE 1023 APACHE AVE LABELLE FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTOCAR, DIANE 12605 AQUA LANE SW MOORE HAVEN, FL 33471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYE-HUMPHRY, MARTHA C/O 382 W. HICKPOOCHEE AVE LABELLE, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMER, AUDREY 900 AQUA ISLES BLVD #M-7 LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIDANZA, DIANE E. 224 OAK ST SW LABELLE FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIDSON, LINDA 310 HAMILTON AVE LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWINK, JUDITH C/O 382 HICKPOOCHEE AVE. LABELLE, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Diane E. Fidanza</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6-13-08 Daytime Phone # 863-675-1020