2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# 706236

Entity Name: LABELLE COMMUNITY WOMANS CLUB INCORPORATED

Current Principal Place of Business:

382 W. HICKPOCHEE
LABELLE, FL 33975

New Principal Place of Business:

Current Mailing Address:

PO BOX 551
LABELLE, FL 33975

New Mailing Address:

FEI Number: 59-6140800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIDANZA, DIANE E
224 OAK ST SW
LABELLE, FL 33935 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: PD ( ) Delete
Name: THOMPSON, TERRIE
Address: 1023 APACHE AVE
City-St-Zip: LABELLE, FL 33935

Title: VPD ( ) Delete
Name: RAYE-HUMPHRY, MARTHA
Address: C/O 382 W. HICKPOOCHEE AVE
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete
Name: FIDANZA, DIANE E
Address: 224 OAK ST SW
City-St-Zip: LABELLE, FL 33935

Title: ST ( ) Delete
Name: SWINK, JUDITH
Address: C/O 382 HICKPOOCHEE AVE.
City-St-Zip: LABELLE, FL 33935

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:

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: DIANE E. FIDANZA TD 08/31/2009
Electronic Signature of Signing Officer or Director — Date