


**2007 NOT-FOR-PROFIT SOLID ORGANIZATIONS
ANNUAL REPORT**

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

04-11-2007 90028 025 ****61.25

DOCUMENT # 706371	
1. Entity Name THE FORT MYERS BEACH WOMAN'S CLUB, INCORPORATED	

Principal Place of Business 175 STERLING AVENUE FT MYERS BEACH, FL 33931 US	Mailing Address PO BOX 22 FT MYERS BEACH, FL 33931 US
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40056626



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

04012007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6133785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEDERSON, KJELL 2555 ESTERO BLVD. FT MYERS BCH, FL 33931	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	SAUNDERS, SALLY
STREET ADDRESS	12 ARENIDA CARITA
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	KEENE, BARBARA
STREET ADDRESS	274 CURLEW ST
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	TD <input type="checkbox"/> Delete
NAME	SULLIVAN, MAUREEN
STREET ADDRESS	4361 BAY BEACH LN
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	SD <input type="checkbox"/> Delete
NAME	BRADFISH, HELEN
STREET ADDRESS	5580 AVENIDA PESCADOTA
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	STOUDER, MARY
STREET ADDRESS	650 MATANZAS CT
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KRUEGER, JERRY
STREET ADDRESS	127 BAY MAR DR.
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Co Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS SALLY
STREET ADDRESS	12 ARENIDA CARITA
CITY-ST-ZIP	FT. MY. Bch, FL 33931
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Kilburg
STREET ADDRESS	150 Curlew St.
CITY-ST-ZIP	Ft. My. Bch, FL 33931
TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Co Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradfish, Helen
STREET ADDRESS	5580 Avenida Pescadota
CITY-ST-ZIP	Ft. My. Bch, FL 33931
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA DIAMOND
STREET ADDRESS	7400 ESTERO BLVD
CITY-ST-ZIP	Ft. My Bch, FL 33931
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Radigan
STREET ADDRESS	16110A CT
CITY-ST-ZIP	20276 Foxworth CR. ESTERO, FL 33928

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: Maureen Sullivan **4/5/07** **(239) 463-0780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #