



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 034 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6133785	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEDERSON, KJELL 2555 ESTERO BLVD. FT MYERS BCH, FL 33931				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SAUNDERS, SALLY STREET ADDRESS 12 ARENIDA CARITA CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE P NAME KEENE, BARBARA STREET ADDRESS 274 CURLEW ST. CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KILBURG, JUDY STREET ADDRESS 150 CUELEW ST CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HERL, NANCY STREET ADDRESS 4341 BAY BEACH LN #442 CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SULLIVAN, MAUREEN STREET ADDRESS 4361 BAY BEACH LN CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BRADFISH, HELEN STREET ADDRESS 5580 AVENIDA PESCADOTA CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE P NAME STOWDER, MARY STREET ADDRESS 650 MAYAN 215 CT. CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DIAMOND, BARBARA STREET ADDRESS 7400 ESTERO BLVD CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RADIGAN, RITA STREET ADDRESS 20276 FOXWORTH CR CITY-ST-ZIP ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete		TITLE D NAME Bradfish, Helen STREET ADDRESS 5580 AVENIDA PESCADOTA CITY-ST-ZIP FORT MYERS BEACH, FL 33931	<input checked="" 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>Maureen Sullivan, Treasurer</u>			3-9-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		