


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90417 025 \*\*\*\*70.00

<b>DOCUMENT # 706750</b>					
<b>1. Entity Name</b> FLORIDA ASSOCIATION OF WOMEN'S CLUBS, INC.					
<b>Principal Place of Business</b> 14623 PINE FOREST CT CLERMONT, FL 34711 US			<b>Mailing Address</b> 14623 PINE FOREST CT CLERMONT, FL 34711 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1059760	
				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04052006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DICKS, ANNETTE 14623 PINE FOREST CT CLERMONT, FL 34711				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE: <u>Annette Dicks - Annette Dicks</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4/13/06</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKS, ANNETTE		NAME		
STREET ADDRESS	14623 PINE FOREST CT		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	RST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, LILLIAN		NAME		
STREET ADDRESS	2317 SW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON-JONES, MARIE		NAME		
STREET ADDRESS	1520 NW 17TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	FST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, FANNIE		NAME		
STREET ADDRESS	1105 S 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	SYS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, ROSA		NAME	deLisser, Bobette - 545	
STREET ADDRESS	1532 SE ROYAL GREEN CIR, #0-210		STREET ADDRESS	1556 S.W. Dow Ln	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Pt St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <u>Annette Dicks - Annette Dicks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>4/16/06</u> <u>3523943189</u> <small>Date Daytime Phone #</small>	