


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 706750</b> 1. Entity Name FLORIDA ASSOCIATION OF WOMEN'S CLUBS, INC.	
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Principal Place of Business 14623 PINE FOREST CT CLERMONT, FL 34711 US	Mailing Address 14623 PINE FOREST CT CLERMONT, FL 34711 US
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1059760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKS, ANNETTE  
14623 PINE FOREST CT  
CLERMONT, FL 34711

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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKS, ANNETTE 14623 PINE FOREST CT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST RICHARDSON, LILLIAN 2317 SW 5TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DIXON-JONES, MARIE 1520 NW 17TH AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST HENDERSON, FANNIE 1105 S 7TH STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYS DELISSER, BOBETTE 1556 SW DOW LANE PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000725222  
05/03/07-80013-018 70.00

**DO NOT WRITE IN THIS SPACE**

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:** *Annette Dicks* *Annette Dicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/07* *352-394-3189*  
Date Daytime Phone #