2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 706750

1. Entity Name
FLORIDA ASSOCIATION OF WOMEN'S CLUBS, INC.

Principal Place of Business	Mailing Address
14623 PINE FOREST CT CLERMONT, FL 347711 US	14623 PINE FOREST CT CLERMONT, FL 34711 US

DO NOT WRITE IN THIS SPACE

03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1059760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKS, ANNETTE
14623 PINE FOREST CT
CLERMONT, FL 347711

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	DICKS, ANNETTE
STREET ADDRESS	14623 PINE FOREST CT
CITY-ST-ZIP	CLERMONT, FL 347711
TITLE	RST
NAME	RICHARDSON, LILLIAN
STREET ADDRESS	23117 SW 5TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	TT
NAME	DIXON-JONES, MARIE
STREET ADDRESS	1520 NW 17TH AVENUE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	FST
NAME	HENDERSON, FANNIE
STREET ADDRESS	1105 S 7TH STREET
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	SYS
NAME	DELISSER, BOBETTE
STREET ADDRESS	1566 SW DOW LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/08-80004-013 70.00

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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 3/13/08 352-394-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #