


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 045 *****70.00

DOCUMENT # 710167 1. Entity Name THE FLAGLER WOMAN'S CLUB, INC.					
Principal Place of Business 1524 SOUTH CENTRAL AVE. P.O. BOX 562 FLAGLER BEACH, FL 32136			Mailing Address 1524 SOUTH CENTRAL AVE. P.O. BOX 562 FLAGLER BEACH, FL 32136		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2355608	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, MARY ANN 1923 S. FLAGLER AVENUE FLAGLER BEACH, FL 32136				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 NAME STREET ADDRESS CITY - ST - ZIP	P CATE, JANE 2290 S. DAYTONA AVE FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Lee Fasnacht 11 Edgar Lane Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3RDV BOHUS, JOYCE 2211 N. CENTRAL AVE FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3 VP Marilyn Hilgeman 3117 Kailani Court Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEALY, JANE 315 LAMBERT AVE FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP CHAGNON, SALLY 1601 N. CENTRAL AVE FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP FASNACHT, LEE 11 EDGAR LANE PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3 VP Jean Kambor 4 Cherry Court Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS ELLIS, PATTI 159 LEHIGH AVE FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS Terry Footit 609 N. Daytona Ave. Flagler Beach, FL 32136	<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>Jane Mealy</u> <u>Jane Mealy</u> <u>1/6/08</u> <u>386-439-4811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					