## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#710622** 

FILED Feb 14, 2009 Secretary of State

Entity Name: YANKEETOWN WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

5 56TH ST

YANKEETOWN, FL 344980298 US

Current Mailing Address: New Mailing Address:

P O BOX 298

YANKEETOWN, FL 344987298 US

FEI Number: 59-6174436 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERKLEY, ELEANOR
4645 PAMELA DRIVE
YANKEETOWN, FL 34498 US
HILLIARD, MARTHA
16551 W RIVER ROAD
INGLIS, FL 34449 US

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.

SIGNATURE: MARTHA HILLIARD 02/14/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BERKLEY, ELEANOR
 Name:
 HILLIARD, MARTHA

 Address:
 4645 PAMELA DRIVE
 Address:
 16551 W RIVER ROAD

 City-St-Zip:
 YANKEETOWN, FL 34498
 City-St-Zip:
 INGLIS, FL 34449 US

Title: 1VPD ( ) Delete Title: 1VPD (X) Change ( ) Addition Name: DASCH, LESLIE DASCH, LESLIE

Address: 6611 RIVERSIDE DR. Address: 6611 RIVERSIDE DR. City-St-Zip: YANKEETOWN, FL 34498 US

Title: 2VP ( ) Delete Title: 2VPD (X) Change ( ) Addition

Name: MOREE, LORI Name: KELLY, FRANCES

Address: 10035 W. RIVERWOOD DR. Address: BOX 1312

City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: INGLIS, FL 34449 US

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MAZZUCA, SUE
 Name:

 Address:
 41 MAGNOLIA AVE
 Address:

 City-St-Zip:
 YANKEETOWN, FL 34498
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 WEIMER, ELIZABETH
 Name:

 Address:
 43 64TH ST.
 Address:

 City-St-Zip:
 YANKEETOWN, FL 34498
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE MAZZUCA TRES 02/14/2009