

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90024 031 \*\*\*\*61.25

**DOCUMENT # 711354**

1. Entity Name  
**COLUMBIA COUNTY WOMEN'S CLUB, INC.**



40114779

Principal Place of Business  
**1171 MARTIN L KING JR DRIVE  
LAKE CITY, FL 32055 US**

Mailing Address  
**PO BOX 2295  
LAKE CITY, FL 32056 US**



05012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0685929**

Applied For  
Not Applicable

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

**6- Name and Address of Current Registered Agent**

**COOLEY, WILLE V  
659 NE ABERDEEN AVE  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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 Willa Veda Cooley Willa Veda Cooley - President 5-01-07  
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOLEY, WILLE V 659 NE ABERDEEN AVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MULDROW, GEORGIA PO BOX 1612 LAKE CITY, FL 32016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMILTON, EVERLENE 697 NW REDDING AVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, INEZ 1390 PATTERSON ST. LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAMILTON, EVERLENA 1249 S CAROLINA STREET LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <i>New! Financial Secretary</i> ROBINSON, FRANCENA <i>Alma S Owens</i> 245 JEM ST <i>P.O. Box 785</i> LAKE CITY, FL 32056 <i>LAKE CITY, FL 32056</i>

**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: Willa Veda Cooley Willa Veda Cooley, Pres 5-01-07 386-752-1498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #