

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 026 \*\*\*\*61.25

<b>DOCUMENT # 711354</b> 1. Entity Name <b>COLUMBIA COUNTY WOMEN'S CLUB, INC.</b>					
Principal Place of Business <b>1171 MARTIN L KING JR DRIVE LAKE CITY, FL 32055 US</b>			Mailing Address <b>PO BOX 2295 LAKE CITY, FL 32056 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		04292008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-0685929</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COOLEY, WILLE V 659 NE ABERDEEN AVE LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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: <u>Willa Veda Cooley</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE: <u>4/27/08</u></span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD COOLEY, WILLA V 659 NE ABERDEEN AVE LAKE CITY, FL 32055	<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	S MULDROW, GEORGIA PO BOX 1612 LAKE CITY, FL 32016	<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	VD HAMILTON, EVERLENE 697 NW REDDING AVE LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deanna George 920 N.E. Coney Terr. Lake City FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, INEZ 1390 PATTERSON ST. LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corene Lofton 165 NE Chestnut Ave. Lake City FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, EVERLENA 1249 S CAROLINA STREET LAKE CITY, FL 32055	<input checked="" 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	S OWENS, ALMA S PO BOX 785 LAKE CITY, FL 32056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>Willa Veda Cooley</u> <span style="float: right;">DATE: <u>4/27/08</u> 386.755.4963</span>					

ATTACHMENT  
40089501FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)

## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number 711354

Business Entity Name COLUMBIA COUNTY WOMEN'S CLUB, INC.

Original File Date 08/16/1966

FEI Number 59-0685929

Principal Address 1171 MARTIN L KING JR DRIVE  
LAKE CITY, FL 32055 US

Mailing Address PO BOX 2295  
LAKE CITY, FL 32056 US

WILLE V COOLEY  
Registered Agent 659 NE ABERDEEN AVE  
LAKE CITY, FL 32055 US

### Officer/Director Name And Address

PD  
WILLA V COOLEY  
659 NE ABERDEEN AVE  
LAKE CITY, FL 32055

S  
GEORGIA MULDROW  
PO BOX 1612  
LAKE CITY, FL 32016

VD  
EVERLENE HAMILTON  
697 NW REDDING AVE  
LAKE CITY, FL 32055

T  
INEZ JOHNSON  
1390 PATTERSON ST.  
LAKE CITY, FL 32056

V  
EVERLENA HAMILTON

*Changed on farm*

*Changed " "*

*Changed*

ATTACHMENT

40089501

#711354

1249 S CAROLINA STREET  
LAKE CITY, FL 32055

S  
ALMA S OWENS  
PO BOX 785  
LAKE CITY, FL 32056

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

---

[Home](#) [Contact us](#) [Document Searches](#) [E-Filing Services](#) [Forms](#) [Help](#)  
Copyright and Privacy Policies  
Copyright © 2007 State of Florida, Department of State.

---