

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711354

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 2295
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-0685929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOLEY, WILLA V
Address: 659 NE ABERDEEN AVE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: MULDROW, GEORGIA
Address: PO BOX 1612
City-St-Zip: LAKE CITY, FL 32016

Title: VD () Delete
Name: GEORGE, DEANNE
Address: 920 NE CONRY TERR
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: LOFTON, CORENE
Address: 165 NE CHESTNUT AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: OWENS, ALMA S
Address: PO BOX 785
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALMA S OWENS

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date