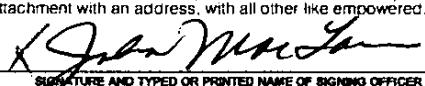


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 048 ****61.25

DOCUMENT # 711769 1. Entity Name NAPLES WOMAN'S CLUB					
Principal Place of Business 570 PARK STREET NAPLES, FL 34102 US			Mailing Address 570 PARK STREET NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0907298	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TROWBRIDGE, PAT 366 HARVARD LN NAPLES, FL 34112				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 re-registering) 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME MAC LAREN, JALNA STREET ADDRESS 5975 YACHT HARBOR CIR #602 CITY-ST-ZIP NAPLES, FL 34112	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE SD NAME PORTER, DONNA STREET ADDRESS 2056 IMPERIAL CIRCLE CITY-ST-ZIP NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE 2V NAME FONTANE, CHRIS STREET ADDRESS 4510 PRESCOTT LN CITY-ST-ZIP NAPLES, FL 34119	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE 1V NAME LISA, JOAN STREET ADDRESS 3951 GULF SHORE BOULEVARD NORTH #1104 CITY-ST-ZIP NAPLES, FL 34103	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VPD NAME MICHEL, VENICE STREET ADDRESS 2343 ALEXANDER PALM DR CITY-ST-ZIP NAPLES, FL 34105	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE P NAME TROWBRIDGE, PAT STREET ADDRESS 366 HARVARD LN CITY-ST-ZIP NAPLES, FL 34112	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  5/10/2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					