2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# 711769

Entity Name: NAPLES WOMAN'S CLUB

Current Principal Place of Business:

570 PARK STREET
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

570 PARK STREET
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-0907298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROWBRIDGE, PAT
366 HARVARD LN
NAPLES, FL 34112 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:	TD	( ) Delete
Name:	MAC LAREN, JALNA	
Address:	5975 YACHT HARBOR CIR #602	
City-St-Zip:	NAPLES, FL 34112	
Title:	SD	( ) Delete
Name:	PORTER, DONNA	
Address:	2056 IMPERIAL CIRCLE	
City-St-Zip:	NAPLES, FL 34110	
Title:	2V	( ) Delete
Name:	FONTANE, CHRIS	
Address:	4510 PRESCOTT LN	
City-St-Zip:	NAPLES, FL 34119	
Title:	1V	( ) Delete
Name:	LISA, JOAN	
Address:	3951 GULF SHORE BOULEVARD NORTH #1104	
City-St-Zip:	NAPLES, FL 34103	
Title:	VPD	( ) Delete
Name:	MICHEL, VENICE	
Address:	2343 ALEXANDER PALM DR	
City-St-Zip:	NAPLES, FL 34105	
Title:	P	( ) Delete
Name:	TROWBRIDGE, PAT	
Address:	366 HARVARD LN	
City-St-Zip:	NAPLES, FL 34112	

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:	
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: PAT TROWBRIDGE P 01/17/2008

Electronic Signature of Signing Officer or Director — Date