


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT -**

**FILED  
Feb 14, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 711852</b>	
1. Entity Name <b>THE WOMAN'S CLUB OF WINTER PARK, INC.</b>	

Principal Place of Business <b>419 S INTERLACHEN WINTER PARK, FL 32789 US</b>	Mailing Address <b>PO BOX 1433 WINTER PARK, FL 32790 US</b>
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-0951590</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHWW, INC.  
390 N. ORANGE AVE, STE. 1500  
ATTN: DEBORAH FRICKE  
ORLANDO, FL 32801**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	<b>P TALCOLTT, SUSAN 218 LEWFIELD CIRCLE WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V MCDANIEL, RUTH 700 MELROSE AVE #E-25 WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V BRASTED, MARGARET 11724 REEDY CREEK DR #110 ORLANDO, FL 32836</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS GFELLER, JOAN 266 CHASE AVE WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MILLS, FRANCES H 101 KRIDER RD SANFORD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000827266  
02/21/08-80084-001 61.25

**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: *Frances Mills, Treasurer*      2/12/08      407/322-3924