

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90065 033 ****61.25

DOCUMENT # 712719
 1. Entity Name
WOMAN'S CLUB OF WELAKA, INC.

Principal Place of Business: **644 THIRD AVE WELAKA FL 32193 US**
 Mailing Address: **PO BOX 154 WELAKA FL 32193 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



50009968



1st MOORE CR2E037 (10/04)

4. FEI Number **59-6205648** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MILES, BETTY JO
240 SPORTSMAN DR
WELAKA FL 32193

7. Name and Address of New Registered Agent
 Name: **Donna L Johns**
 Street Address (P.O. Box Number is Not Acceptable): **323 Broad St**
 City: **Welaka** FL Zip Code: **32193**

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: **Donna L Johns** *Donna L Johns Treasurer 1-26-04*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P SOUTHWOOD, MARTHA 152 RIVER WAY GEORGETOWN FL 32139 <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 CARRELL, CATHY 271 SPORTSMAN DR WELAKA FL 32193 <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	VD2 MILLER, LINDA 116 N LAKE GEORGE DR GEORGETOWN FL 32139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 2 Cathy Carrell 271 Sportsman Drive Welaka, FL 32193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 BOBER, PATSEY 199 SPORTSMAN DR WELAKA FL 32193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 marie Schulmeister 202 Hayes Ave Crescent City, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAILEY, MARION 119 N LAKE GEORGE DR GEORGETOWN FL 32139 <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	<input checked="" type="checkbox"/> Delete JO MILES, BETTY 240 SPORTSMAN DR WELAKA FL 32193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna L Johns 323 Broad St Welaka, FL 32193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Donna L Johns** *Donna L Johns, Treasurer 1-26-05 386 467-1914*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #