2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90249 049 ****61.25

DOCUMENT # 712719

1. Entity Name

WOMAN'S CLUB OF WELAKA, INC.

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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
JOHNS, DONNA L 323 BROAD STREET WELAKA FL 32193	Name June Welch Street Address (P.O. Box Number is Not Acceptable) 16 Hockey Dr 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 _____
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, 2006

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			As of May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SOUTHWOOD, MARTHA		NAME	Miller, Linda
STREET ADDRESS	152 RIVER WAY		STREET ADDRESS	116 N. Lake George Dr.
CITY-ST-ZIP	GEORGETOWN FL 32139		CITY-ST-ZIP	P.O. Box 120 Georgetown FL 32139
TITLE	VD	☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	CARRELL, CATHY		NAME	Cathy Carrell
STREET ADDRESS	271 SPORTSMAN DR		STREET ADDRESS	271 Sportsman Dr.
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP	P.O. Box 1314 Welaka, FL 32193
TITLE	VD2	☐ Delete	TITLE	VD2 ☒ Change ☐ Addition
NAME	CARRELL, CATHY		NAME	Marsha Hemmy
STREET ADDRESS	271 SPORTSMAN DRIVE		STREET ADDRESS	1235 CR 309
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP	Crescent City, FL 32112
TITLE	VD3	☐ Delete	TITLE	VD3 ☒ Change ☐ Addition
NAME	SCHULMEISTER, MARIE		NAME	Patricia Hrosik
STREET ADDRESS	202 HAYES AVENUE		STREET ADDRESS	172 Beechers Points Dr.
CITY-ST-ZIP	CRESCENT CITY FL 32112		CITY-ST-ZIP	P.O. Box 911 Welaka, FL 32193
TITLE	S	☐ Delete	TITLE	S ☒ Change ☐ Addition
NAME	DAILEY, MARION		NAME	Zorka Wynn
STREET ADDRESS	119 N LAKE GEORGE DR		STREET ADDRESS	1005 Front St.
CITY-ST-ZIP	GEORGETOWN FL 32139		CITY-ST-ZIP	P.O. Box 1325 Welaka, FL 32193
TITLE	T	☐ Delete	TITLE	T ☒ Change ☐ Addition
NAME	JOHNS, DONNA L		NAME	June Welch
STREET ADDRESS	323 BROAD STREET		STREET ADDRESS	16 Hockey Dr.
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP	P.O. Box 1374 Welaka, FL 32193

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna L Johns 4-25-06 $61.25 1414