

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

DOCUMENT # 712719

1. Entity Name

WOMAN'S CLUB OF WELAKA, INC.



02-14-2008 90065 001 ****61.25
02-14-2008 90065 002 *****8.75

Principal Place of Business

PO BOX 154
WELAKA FL 32193
US

Mailing Address

PO BOX 154
WELAKA FL 32193
US

2. Principal Place of Business - No P.O. Box #

644 CR 309

3. Mailing Address

P.O. Box 154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

WELAKA Florida

City & State

WELAKA Florida

4. FEI Number

59-6205648

Applied For

Not Applicable

Zip

32193

Country

USA

Zip

32193

Country

USA

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

WELSH, JUNE
16 HOCKEY DR.
PO BOX 1374
WELAKA FL 32193

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

Linda Miller

Linda J. Miller

2/5/08

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, 2008

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	P	☐ Delete
NAME	MILLER, LINDA	
STREET ADDRESS	116 N LAKE GEORGE DR	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	VD	☐ Delete
NAME	CARRELL, CATHY	
STREET ADDRESS	271 SPORTSMAN DR	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	VD2	☐ Delete
NAME	HEMING, MARSHA	
STREET ADDRESS	271 SPORTSMAN DRIVE	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	VD3	☐ Delete
NAME	HROIST, PATRICIA	
STREET ADDRESS	202 HAYES AVENUE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	S	☐ Delete
NAME	ZARKA, WAYNE	
STREET ADDRESS	119 N LAKE GEORGE DR	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	T	☐ Delete
NAME	WELSH, JUNE	
STREET ADDRESS	PO BOX 1374	
CITY-ST-ZIP	WELAKA FL 32193	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP2	☒ Change ☐ Addition
NAME	HEMMY, MARSHA	
STREET ADDRESS	1235 CR 309	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE	VP3	☒ Change ☐ Addition
NAME	HROSIK, PATRICIA	
STREET ADDRESS	172 BEECHERS POINT DR.	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	VP4 Ruth, Nikki	☒ Change ☐ Addition
NAME		
STREET ADDRESS	109 GORbutt Rd.	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Linda J. Miller, Linda J. Miller 2/5/08

386-467-8354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

66001213

DOCUMENT # 712719 1. Entity Name WOMAN'S CLUB OF WELAKA, INC.					
Principal Place of Business PO BOX 154 WELAKA FL 32193 US			Mailing Address PO BOX 154 WELAKA FL 32193 US		
2. Principal Place of Business - No P.O. Box # 644 CR 309		3. Mailing Address P.O. Box 154			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Welaka Florida		City & State Welaka Florida		4. FEI Number 59-6205648	
Zip 32193		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELSH, JUNE 16 HOCKEY DR. PO BOX 1374 WELAKA FL 32193		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 <u>Linda Miller</u> <u>Linda J. Miller</u> <u>2/5/08</u> Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent Signature required when registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 MILLER, LINDA 116 N LAKE GEORGE DR GEORGETOWN FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRELL, CATHY 271 SPORTSMAN DR WELAKA FL 32193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD2 HEMING, MARSHA 271 SPORTSMAN DRIVE WELAKA FL 32193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 ☒ Change ☐ Addition HEMMY, MARSHA 1235 CR 309 CRESCENT CITY, FL 32112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD3 HROIST, PATRICIA 202 HAYES AVENUE CRESCENT CITY FL 32112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP3 ☒ Change ☐ Addition HROSIK, PATRICIA 172 BEECHERS POINT DR. WELAKA FL 32193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARKA, WAYNE 119 N LAKE GEORGE DR GEORGETOWN FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Ruth, Nikki 109 Gorbett Rd. CRESCENT CITY FL 32112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELSH, JUNE PO BOX 1374 WELAKA FL 32193	☐ 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 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: <u>Linda J. Miller</u>			<u>2/5/08</u> <u>386-467-8354</u>		