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

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

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

DOCUMENT # 712719

1. Entity Name

WOMAN'S CLUB OF WELAKA, INC.

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
644 CR 309	P.O. Box 154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Welaka Florida	City & State: Welaka Florida
Zip: 32193 Country: USA	Zip: 32193 Country: USA

1st MOORE CR2E037 (10/07)

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
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 — Signature, typed or printed name of registered agent and title if applicable. Linda J. Miller (NOTE: Registered Agent signature required when reinstating) DATE 2/5/08

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	TITLE	☐ Change ☐ Addition
NAME	MILLER, LINDA	NAME	
STREET ADDRESS	116 N LAKE GEORGE DR	STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN FL 32139	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	CARRELL, CATHY	NAME	
STREET ADDRESS	271 SPORTSMAN DR	STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL 32193	CITY-ST-ZIP	
TITLE	VD2 ☐ Delete	TITLE	VP2 ☑ Change ☐ Addition
NAME	HEMING, MARSHA	NAME	HEMMY, MARSHA
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	VP3 ☑ Change ☐ Addition
NAME	HROIST, PATRICIA	NAME	HROSIK, PATRICIA
STREET ADDRESS	202 HAYES AVENUE	STREET ADDRESS	172 BEECHERS POINT DR.
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	WELAKA Fl 32193
TITLE	S ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ZARKA, WAYNE	NAME	Ruth, Nikki
STREET ADDRESS	119 N LAKE GEORGE DR	STREET ADDRESS	109 Gorbutt Rd.
CITY-ST-ZIP	GEORGETOWN FL 32139	CITY-ST-ZIP	CRESCENT CITY Fl. 32112
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WELSH, JUNE	NAME	
STREET ADDRESS	PO BOX 1374	STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL 32193	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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/5/08 — Daytime Phone # 386-467-8354

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Attachment

66001213

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TITLE: P NAME: MILLER, LINDA STREET ADDRESS: 116 N LAKE GEORGE DR CITY-ST-ZIP: GEORGETOWN FL 32139	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: CARRELL, CATHY STREET ADDRESS: 271 SPORTSMAN DR CITY-ST-ZIP: WELAKA FL 32193	☐ Delete	TITLE: VP NAME: STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: VD2 NAME: HEMING, MARSHA STREET ADDRESS: 271 SPORTSMAN DRIVE CITY-ST-ZIP: WELAKA FL 32193	☐ Delete	TITLE: VP2 NAME: HEMMY, MARSHA STREET ADDRESS: 1235 CR 309 CITY-ST-ZIP: CRESCENT CITY, Fl 32112	☑ Change ☐ Addition
TITLE: VD3 NAME: HROIST, PATRICIA STREET ADDRESS: 202 HAYES AVENUE CITY-ST-ZIP: CRESCENT CITY FL 32112	☐ Delete	TITLE: VP3 NAME: HROSIK, PATRICIA STREET ADDRESS: 172 BEECHERS POINT DR. CITY-ST-ZIP: WELAKA Fl 32193	☑ Change ☐ Addition
TITLE: S NAME: ZARKA, WAYNE STREET ADDRESS: 119 N LAKE GEORGE DR CITY-ST-ZIP: GEORGETOWN FL 32139	☐ Delete	TITLE: Ruth, Nikki NAME: STREET ADDRESS: 109 Gorbutt Rd. CITY-ST-ZIP: CRESCENT CITY Fl. 32112	☑ Change ☐ Addition
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