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

1st MOORE CR2E037 (10/07)

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

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 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 / 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 HEMMY, MARSHA 1235 CR 309 CRESCENT CITY, FL 32112 ☒ Change ☐ Addition
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 HROSIK, PATRICIA 172 BEECHERS POINT DR. WELAKA FL 32193 ☒ Change ☐ Addition
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	[redacted] Ruth, Nikki 109 Gorbutt Rd. CRESCENT CITY FL. 32112 ☒ Change ☐ Addition
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: 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 #

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Attachment

660001213

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