

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712719

FILED
Mar 12, 2009
Secretary of State

Entity Name: WOMAN'S CLUB OF WELAKA, INC.

Current Principal Place of Business:

644 CR 309
WELAKA, FL 32193 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 154
WELAKA, FL 32193 US

New Mailing Address:

FEI Number: 59-6205648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WELSH, JUNE
16 HOCKEY DR.
WELAKA, FL 32193 US

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.

SIGNATURE:

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, LINDA
Address: 116 N LAKE GEORGE DR
City-St-Zip: GEORGETOWN, FL 32139

Title: VP () Delete
Name: CARRELL, CATHY
Address: 271 SPORTSMAN DR
City-St-Zip: WELAKA, FL 32193

Title: VP2 () Delete
Name: HEMMY, MARSHA
Address: 1235 CR 309
City-St-Zip: CRESCENT CITY, FL 32112

Title: VP3 () Delete
Name: HROSIK, PATRICIA
Address: 172 BEECHERS PT DR
City-St-Zip: WELAKA, FL 32193

Title: S () Delete
Name: RUTH, NIKKI
Address: 109 GORBUTT RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: T () Delete
Name: WELSH, JUNE
Address: PO BOX 1374
City-St-Zip: WELAKA, FL 32193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WELSH, JUNE
Address: 16 HOCKEY DRIVE
City-St-Zip: WELAKA, FL 32193

Title: VP1 (X) Change () Addition
Name: MORAN, BONNIE
Address: 124 ACOSTA DRIVE
City-St-Zip: SATSUMA, FL 32189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP3 (X) Change () Addition
Name: JOHNS, DONNA
Address: P.O. BOX 737
City-St-Zip: WELAKA, FL 32193

Title: S (X) Change () Addition
Name: WYNN, ZARKA
Address: P.O. BOX 1325
City-St-Zip: WELAKA, FL 32193

Title: T (X) Change () Addition
Name: HAPER, RUTH E
Address: PO BOX 128
City-St-Zip: GEORGETOWN, FL 32139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTHE HAPER

TRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date