


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90055 036 \*\*\*\*61.25

<b>DOCUMENT # 713132</b>	
1. Entity Name <b>ORANGE PARK WOMAN'S CLUB, INC.</b>	

Principal Place of Business <b>130 KINGSLEY AVENUE ORANGE PARK FL 32073</b>	Mailing Address <b>130 KINGSLEY AVENUE ORANGE PARK FL 32073</b>
--	--

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>23-7171327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MURPHY, BETTY E 2236 SALT MYRTLE LN ORANGE PARK FL 32003</b>	
7. Name and Address of New Registered Agent Name <b>Shirley A. Dewey</b> Street Address (P.O. Box Number is Not Acceptable) <b>587 Willow Oak Ln.</b> City <b>Orange Park</b> FL <b>32073</b>	

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 Shirley A. Dewey, Treasurer 1/29/07  
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSLEY, SANDRA 2759 PACES FERRY RD, E ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TRULL, MARTHA 2839 CEDARCREST DR ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President PATRICIA RENAU 297 GANO AVE ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SHIPLEY, GLORIA 2048 EPSILON CT ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP RENAU, PATRICIA 297 GANO AVE ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd. Vice President ELAINE KLEIN 978 COBBLESTONE DRIVE ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUTHWELL, PATRICIA 2201 SALT MYRTLE LN ORANGE PARK FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary JAN MAINELLO 1742 ROYAL FERN LANE ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, BETTY E 1600 CALMING WATER DR ORANGE PARK FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Shirley A. Dewey 587 Willow Oak Ln. ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Shirley A. Dewey Shirley A. Dewey 1/29/07 904/278-7846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #