2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 31, 2006 08:00 Al Secretary of State **DOCUMENT # 714366**. 1. Entity Name EAST PALMETTO WOMENS CLUB, INC. Principal Place of Business Mailing Address 1600 8TH AVENUE WEST 1600 8TH AVENUE WEST PALMETTO FL 34221 US PALMETTO FL 34221 3. Mailing Address 2. Principal Plage of Business **East Yolmetro Women's Club Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) 4. FEI Number Applied For City & State City & State 59-2456840 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELS, EVA Street Address (P.O. Box Number is Not Acceptable) 1801 5TH AVE WEST PALMETTO FL 34221 City 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. (NOTE: Pagistared Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 П Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MIE ☐ Delete TITLE ☐ Change ■ Addition DANIELS, EVA NAME NAME U00000575763 1801 5TH AVE WEST STREET ADDRESS STREET ADDRESS 08/31/06-80003-009 61.25 PALMETTO FL 34221 0077 - 57 - 719 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SIMMONS, DOROTHY NAME NAME 3004 9TH AVE. DR., E. STREET ADORESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition BALKMAN, MELDORE NAME NAME 210 15TH ST. W. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CRY-ST-7IP CITY-ST-ZIP RILE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lurther 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

8/28/06

941-732-8764

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Z/

Ballman