


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

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 008 ****61.25

DOCUMENT # 716404
1. Entity Name
THE WOMAN'S CLUB OF CASSELBERRY, INC.



Principal Place of Business Mailing Address
**251 OVERBROOK DR.
P.O. BOX 180021
CASSELBERRY FL 32718-7021** **P.O. BOX 180021
CASSELBERRY FL 32718-7021**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
23-7375278 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EIAMPAOLA, CAROL
330 SOUTHCOT DR
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature is 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GIAMPAOLA, CAROL	
STREET ADDRESS	330 SOUTHCOT DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, KATHY	
STREET ADDRESS	325 SOUTHCOT DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, ELDA	
STREET ADDRESS	P.O. BOX 520248	
CITY-ST-ZIP	LONGWOOD FL 32752-0248	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	ISAACS, LYDIA	
STREET ADDRESS	959 MOONLUSTER DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA BAKALLA	
STREET ADDRESS	2031 Center DR	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDL GIAMPAOLA	
STREET ADDRESS	330 Southcot Dr	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY FREEMAN	
STREET ADDRESS	3545 Coram Ln	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Barbara Ann Bakalla*

1/29/2008 407-695-2365