## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716404**

Name:

Address:

City-St-Zip:

3545 CORAM LN

CASSELBERRY, FL 32707

FILED Jaņ 0<u>8, 2</u>009 Secretary of State

Entity Name: THE WOMAN'S CLUB OF CASSLEBERRY, INC.

**Current Principal Place of Business:** New Principal Place of Business: 251 OVERBROOK DR. 251 OVERBROOK DR P.O. BOX 180021 CASSELBERRY, FL 32707 CASSELBERRY, FL 327187021 **New Mailing Address: Current Mailing Address:** P.O. BOX 180021 P.O. BOX 180021 CASSELBERRY, FL 327187021 CASSELBERRY, FL 32718 FEI Number: 23-7375278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EIAMPAOLA, CAROL BAKALLA, BARBARA 330 SOUTHĆOT DR 2031 CENTER DR CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US 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: BARBARA BAKALLA 01/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition BAKALLA, BARBARA Name: Name: 2031 CTR DR Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HALE, KATHY Name: Address: 325 SOUTHCOT DR Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: () Change () Addition GIAMPOLA, CAROL Name: Name: 330 SOUTHCOT DR Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GLANCY, CHARLENE FREEMAN, BEVERLY

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.

Name:

Address:

City-St-Zip:

210 NE TRIPLET DR

CASSELBERRY, FL 32707

SIGNATURE: KATHY HALE Τ 01/08/2009