

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 721681

1. Entity Name
RUSKIN WOMAN'S CLUB, INCORPORATED



Principal Place of Business

501 S TAMiami TRAIL
P.O. BOX 547
RUSKIN, FL 33570-664 US

Mailing Address

PO BOX 547
P.O. BOX 547
RUSKIN, FL 33575-0547 US

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01062007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-1201409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUNCIL, SONJA
5715 BRIGMAN AVE
WIMAUMA, FL 33598

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000623980
02/14/07-80013-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MIXON, IRIS
STREET ADDRESS	502 MANATEE DR
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	P
NAME	COUNCIL, SONJA
STREET ADDRESS	POB 1254
CITY-ST-ZIP	RUSKIN, FL 335751254
TITLE	DT
NAME	RENSHAW, DOROTHY
STREET ADDRESS	140 18TH STREET NORTHWEST
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	COUNCIL, BETTY JO
STREET ADDRESS	504 24TH AVENUE SOUTHWEST
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	SWEAT, SHARRON
STREET ADDRESS	P.O. BOX 479
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dorothy Renshaw Trustee/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY RENSHAW 2/2/07
Date Daytime Phone #