

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722880

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** THE DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.

**Current Principal Place of Business:**

3508 WOOD OWL CIRCLE  
BRADENTON, FL 34210 US

**New Principal Place of Business:**

**Current Mailing Address:**

3508 WOOD OWL CIRCLE  
BRADENTON, FL 34210 US

**New Mailing Address:**

FEI Number: 59-2157191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENSON, PATRICIA  
3508 WOOD OWL CIRCLE  
BRADENTON, FL 34210 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLMAN, JANIE  
Address: 716 AURORO AVE  
City-St-Zip: COCOA, FL 32922

Title: DFVP ( ) Delete  
Name: GOEN, JANET  
Address: 1104 CLIPPERS WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D2VP ( ) Delete  
Name: NARRAMORE, EVALYN  
Address: 2088 DOWNING DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete  
Name: CRAIG, JUDY  
Address: 1835 ANCHOR AVENUE  
City-St-Zip: DELAND, FL 32720

Title: TD ( ) Delete  
Name: BENSON, PATRICIA  
Address: 3508 WOOD OWL  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PATRICIA BENSON

MRS.

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date