

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 017 ****70.00

DOCUMENT # 726488

1. Entity Name

THE WOMEN'S CLUB OF KENNETH CITY, INC.



Principal Place of Business

6000 54TH AVENUE NORTH
KENNETH CITY FL 33709-8806

Mailing Address

6000 54TH AVENUE NORTH
KENNETH CITY FL 33709-8806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7371487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, JOAN M
5820 43RD TERRACE NORTH #1404
KENNETH CITY FL 33709

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

Joan M. Allen

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

(NOTE: Registered agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD PIZZI, CARMEN 4143 56TH ST N 900 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V LUKE, FRANCES H 5873 48 AVE N KENNETH CITY FL 33709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD BIRGER, GRACE 4153 58 ST N 178 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T ALLEN, JOAN 5820 43 TER N #1404 KENNETH CITY FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D TIRABASSI, FLORENCE 4200 58TH ST N 1808 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MASCIARELLI, TINA 4020 55 ST N 178 KENNETH CITY FL 33709	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TAYLOR, EVELYN
4032 55th WAY N #917
Kenneth City, FL 33709

PARSON, LOIS
5820 43rd Ter N #1500
Kenneth City, FL 33709

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:

Joan M. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-02-2007 727-546-7588
Date Daytime Phone