

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7371487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIZZI, CARMEN 4143 56TH ST N 900 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, EVELYN 4032 55TH WAY N, 917 KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRGER, GRACE 4153 58 ST N 178 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, JOAN 5820 43 TER N #1404 KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRABASSI, FLORENCE 4200 58TH ST N 1808 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, LOIS 5820 43RD TERR. N., 1500 KENNETH CITY, FL 33709

000000732377  
01/24/08-80005-009 61.25

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IN THIS SPACE**

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

1-20-08  
Date Daytime Phone #