


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90153 012 \*\*\*\*61.25

<b>DOCUMENT # 727553</b> 1. Entity Name <b>WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, INC.</b>							
Principal Place of Business <b>POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405</b>			Mailing Address <b>POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405</b>				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		4. FEI Number <b>59-6522475</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>SCHNATTERER, JOAN 55 HARBOR WOODS CIRCLE SAFETY HARBOR, FL 34695</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
SIGNATURE <i>Joan Schnatterer Director</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SCHNATTERER, JOAN</b> <input checked="" type="checkbox"/> Delete <b>55 HARBOR WOODS CIRCLE</b> <b>SAFETY HARBOR, FL 34695</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>AGIN, BARBARA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1912 NORTHFORK CR.</b> <b>CLEARWATER, FL 33760</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BUKOWSKI, EILEEN</b> <input type="checkbox"/> Delete <b>57 7TH ST N</b> <b>SAFETY HARBOR, FL 34695</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BUKOWSKLE, EILEEN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12400 US 19N Lot 627</b> <b>CLEARWATER, FL 33764</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>HEDGES, RUTH</b> <input checked="" type="checkbox"/> Delete <b>2367 D. FLANDERS WAY</b> <b>SAFETY HARBOR, FL 34695</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BUKOWSKI, KAREN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2621 COVE CAY DRIVE</b> <b>CLEARWATER, FL 33760</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARROLD, HILDA</b> <input type="checkbox"/> Delete <b>235 TUCKER STREET</b> <b>SAFETY HARBOR, FL 34695</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BULLIAN, LANA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4710 ONYX PLACE</b> <b>Tampa, FL 33615</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>AGIN, BARBARA</b> <input checked="" type="checkbox"/> Delete <b>1912 NORTHFORK CR.</b> <b>CLEARWATER, FL 33760</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Schnatterer, Joan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>55 Harbor Woods Cr.</b> <b>SAFETY Harbor, FL 34695</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOOLIHAN, CHARLOTTE</b> <input type="checkbox"/> Delete <b>1736 LAKE CYPRESS DR</b> <b>SAFETY HARBOR, FL 34695</b>						
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: <i>Joan Schnatterer</i> <b>Joan Schnatterer</b> 4-25-2006-727-725-2403 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							