


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # 727553 1. Entity Name WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, INC.	
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Principal Place of Business POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405	Mailing Address POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6522475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNATTERER, JOAN
55 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695**

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000707084 04/24/07 00000 017 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AAGIN, BARBARA 1912 NORTHFORK CIR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUKOWSKI, EILEEN 57 7TH ST N SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUKOWSKI, KAREN 2621 COVE CAY DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARROLD, HILDA 235 TUCKER STREET SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BULLIAN, LANA 4710 ONYX PL TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOLIHAN, CHARLOTTE 1736 LAKE CYPRESS DR SAFETY HARBOR, FL 34695

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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: Barbara A. Aagin, Treasurer 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #