2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 727553

1. Entity Name
WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405	POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405

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02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6522475
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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02/21/08-80088-020 61.25

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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 2/11/2008 727-531-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #