2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727553

FILED Feb 10, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 1405 750 MAIN STREET SAFETY HARBOR, FL 346958405 SAFETY HARBOR, FL 34695 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1405 POST OFFICE BOX 1405 SAFETY HARBOR, FL 346958405 SAFETY HARBOR, FL 34695 FEI Number: 59-6522475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNATTERER, JOAN 55 HARBOR WOODS CIRCLE SAFETY HARBOR, FL 34695 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition AAGIN, BARBARA AGIN, BARBARA Name: Name: 1912 NORTHFORK CIR Address: 1912 NORTHFORK CIR Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760 Title: Title: (X) Change () Addition () Delete BUKOWSKLI, EILEEN Name: BUKOWSKLI, EILEEN Name: Address: 57 7TH ST N Address: 29081 US 19 NORTH #124 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33761 US Title: () Delete Title: () Change () Addition BUKOWSKI, KAREN Name: Name: Address: 2621 COVE CAY DR Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: HARROLD, HILDA Name: CONNIE, EDWARDS 585 SKY HARBOR DR. #420 Address: 235 TUCKER STREET Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33759 US Title: () Delete Title: (X) Change () Addition BULLIAN, LANA NICKESON, NADINE Name: Name: 4710 ONYX PL 280 TUCKER STREET Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: () Change () Addition HOOLIHAN, CHARLOTTE Name: Name: Address: 1736 LAKE CYPRESS DR Address: SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA AGIN TREA 02/10/2009