

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 047 ****61.25

DOCUMENT # 734442

1. Entity Name

ARCADIA WOMAN'S CLUB, INC.



Principal Place of Business

2288 N. AMERICAN LEGION WAY
ARCADIA FL 34265-0204
US

Mailing Address

WEST HICKORY STREET (OLD BRADENTON R
P.O. BOX 204
ARCADIA FL 34265-0204
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2366309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARNER, IRIS
2943 SE CREEKWOOD
ARCADIA FL 33821

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCGALL, DORATHEA	
STREET ADDRESS	2413 RT 31 SE	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	D T	<input type="checkbox"/> Delete
NAME	VARNER, IRIS	
STREET ADDRESS	2943 SE CREEKWOOD DR	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARRINGTON, MARY	
STREET ADDRESS	1525 SE TANGELO DR	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ELIZABETH	
STREET ADDRESS	4875 SE APACHE RD	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	BLACKMON, VIRGINIA	
STREET ADDRESS	905 SE CHARLES ST	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Orton	
STREET ADDRESS	2626 NE Hwy 70 Lot 167	
CITY- ST- ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton, Zona	
STREET ADDRESS	5750 SW Smith Rd	
CITY- ST- ZIP	ARCADIA, FL 34266	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wight, Lois	
STREET ADDRESS	7419 SW OAK Point DR	
CITY- ST- ZIP	ARCADIA, FL 34269	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Iris J Varner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.2.07

Date

Daytime Phone #