

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

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 017 \*\*\*\*61.25

**DOCUMENT # 735393**

1. Entity Name

**BROOKSVILLE WOMAN'S CLUB, INCORPORATED**



Principal Place of Business

Mailing Address

131 SOUTH MAIN STREET  
BROOKSVILLE FL 34601

131 SOUTH MAIN STREET  
BROOKSVILLE FL 34601

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

23-7034705

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

PHILLIPS, W. C.  
904 CEDAR DRIVE  
BROOKSVILLE FL 34601

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.

(Not) Registered Agent signature required when reinstating

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

<p>10. OFFICERS AND DIRECTORS</p> <p>NAME: V STETTIN, CHERRY STREET ADDRESS: 905 S MILDRED AVE CITY-STATE-ZIP: BROOKSVILLE FL 34601 <input type="checkbox"/> Delete</p> <p>NAME: T MLECKA, PHYLLIS STREET ADDRESS: 604 W DR MLK JR BLVD CITY-STATE-ZIP: BROOKSVILLE FL 34601 <input type="checkbox"/> Delete</p> <p>NAME: D WILLIAMS, ORA STREET ADDRESS: 3082 WESTLAND RD CITY-STATE-ZIP: BROOKSVILLE FL 34601 <input type="checkbox"/> Delete</p> <p>NAME: D LESH, GRACE STREET ADDRESS: 929 COACHLIGHT LANE CITY-STATE-ZIP: BROOKSVILLE FL 34601 <input checked="" type="checkbox"/> Delete</p> <p>NAME: PD MCLAREN, BETTY ANN STREET ADDRESS: 8472 PINWOOD AVE CITY-STATE-ZIP: BROOKSVILLE FL 34613 <input type="checkbox"/> Delete</p> <p>NAME: S SENGER, LETTY STREET ADDRESS: 12327 CORONADO DRIVE CITY-STATE-ZIP: SPRING HILL FL 34609 <input checked="" type="checkbox"/> Delete</p>	<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>NAME: PD STREET ADDRESS:  CITY-STATE-ZIP:  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME:  STREET ADDRESS:  CITY-STATE-ZIP:  <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: S STREET ADDRESS:  CITY-STATE-ZIP:  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: VP SHERMAN, Joan STREET ADDRESS: 16142 Lingle Road CITY-STATE-ZIP: Brooksville, FL 34636 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME: D STREET ADDRESS: 7469 Canterbury St CITY-STATE-ZIP: Spring Hill, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: D HEINO, MARTHA STREET ADDRESS: 23187 ALLMAN ROAD CITY-STATE-ZIP: BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
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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:**

JOAN SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 (352) 796-8224

Date

Daytime Phone #