2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738246

FILED Apr 19, 2006 Secretary of State

Entity Name: THE WOMAN'S CLUB OF LAKE WORTH, FLORIDA

Current Principal Place of Business: New Principal Place of Business: LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address: BOX 1367** LAKE WORTH, FL 33460 FEI Number: 59-0803028 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: DUNCAN, HONEY 1019 SNOWDEN DR. US LAKE WORTH, FL 33461 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 HANEY, DUNCAN HONEY, DUNCAN Name: Name: 1019 SNOWDEN DR. Address: 1019 SNOWDEN DR. Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33461 Title: Title: () Delete () Change () Addition BARKICH, LILLIAN Name: Name: Address: 1310 N LAKESIDE Address: City-St-Zip: LAKE WORTH, FL City-St-Zip: Title: () Delete Title: () Change () Addition WEBER, BETTY Name: Name: Address: 182 BRYN MAWR Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: FS () Delete Title: FS (X) Change () Addition LOBDELL, TAIMI Name: Name: LOBDELL, TAIMI Address: 902 SOUTH C ST Address: 1500 LUCERNE AVE City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: () Change () Addition GREENE, HELEN V Name: Name: Address: 215 N. M.ST Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: (X) Change () Addition GREENE, HELEN VOGT, AHO, BARBARA Name: Name: Address: 215 N M ST Address: 300 SOUTH DIXIE LANTANA, FL 33462 LAKE WORTH, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HONEY DUNCAN P 04/19/2006