2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 738246

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

Current Principal Place of Business:

BOX 1367
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

BOX 1367
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-0803028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNCAN, HONEY
1019 SNOWDEN DR.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	HONEY, DUNCAN	
Address:	1019 SNOWDEN DR.	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	VP	( ) Delete
Name:	BARKICH, LILLIAN	
Address:	1310 N LAKESIDE	
City-St-Zip:	LAKE WORTH, FL	
Title:	TD	( ) Delete
Name:	WEBER, BETTY	
Address:	182 BRYN MAWR	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	FS	( ) Delete
Name:	LOBDELL, TAIMI	
Address:	1500 LUCERNE AVE	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	2VP	( ) Delete
Name:	GREENE, HELEN V	
Address:	215 N. M.ST	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	A	( ) Delete
Name:	AHO, BARBARA	
Address:	300 SOUTH DIXIE	
City-St-Zip:	LANTANA, FL 33462	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	GREENE, HELEN V	
Address:	215 NORTH M STREET	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	TD	(X) Change ( ) Addition
Name:	KESHIAN, CHARLOTTE	
Address:	232 WELLESLEY DRIVE	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	2VP	(X) Change ( ) Addition
Name:	HAKALA, KAREN	
Address:	1149 EAST MOUNTAIN DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: HONEY DUNCAN PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date