

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739973</b> 1. Entity Name <b>THE UNIQUE WOMEN'S CLUB, INCORPORATED</b>	
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Principal Place of Business <b>1615 NW 192ND AVE. GAINESVILLE, FL 32609 US</b>	Mailing Address <b>1615 NW 192ND AVE. GAINESVILLE, FL 32609 US</b>
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**DO NOT WRITE IN THIS SPACE**



07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2539266</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SINGLETON, GERALDINE H  
1615 NW 192ND AVE.  
GAINESVILLE, FL 32609**

**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 14, 2007**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKS, ABBIE 22425 NORTH STATE RD 235 BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, BETTY 317 NW 192ND AVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOBY, GENEVA B 2016 NW 31ST PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGLETON, BETTY 1926 NE 192ND AVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, GERALDINE H 1615 NW 192ND AVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789643  
07/19/07-80009-020 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Geneva B. Doby* (GENEVA B. Doby) July 17, 2007 352-345-8485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #