

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739973

1. Entity Name
THE UNIQUE WOMEN'S CLUB, INCORPORATED



Principal Place of Business
1615 NW 192ND AVE.
GAINESVILLE, FL 32609 US

Mailing Address
1615 NW 192ND AVE.
GAINESVILLE, FL 32609 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 22 AM 10:33



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2539266

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 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

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

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

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

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
B 2/22/08

300119545723
03/06/08--01012--015 **69.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13, 2008 (352) 375-5885