


FILED
Apr 18, 2008 8:00 am
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

04-18-2008 90048 010 ****61.25

DOCUMENT # 745423					
1. Entity Name THE GENERAL WOMANS CLUB OF LEHIGH ACRES, INC.					
Principal Place of Business 200 LEE LAND HEITS BLVD LEHIGH ACRES, FL 33936 US			Mailing Address 122 SEBRING CIRCLE LEHIGH ACRES, FL 33972 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address LORETTA MILLIGAN 507 GLENN AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. LEHIGH ACRES, FL			
City & State		City & State 33972		4. FEI Number 59-1674022	
Zip		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, NORMA L 122 SEBRING CIRCLE LEHIGH ACRES, FL 33972 33936			Name LORETTA MILLIGAN Street Address (P.O. Box Number is Not Acceptable) 507 GLENN AVE City LEHIGH ACRES, FL Zip Code 33972		
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 <i>Loretta Milligan</i>		LORETTA MILLIGAN, PRES.		4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, NORMA 122 SEBRING CIRCLE LEHIGH ACRES, FL 33972 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LORETTA MILLIGAN 507 GLENN AVE. LEHIGH ACRES, FLA. 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, ELIZABETH 1230 VILLAGE LAKES BLVD, # 206 LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LYNN BECK 1725 ENGLEWOOD AVE LEHIGH ACRES, FLA 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP STICKLE, BETTY 289 GROUND DOVE CIRCLE LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT MARGO REISDORF 2004 LOUIS AVE ALVA, FLA 33920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEARY, CAROL 303 HOLLYWOOD ST LEHIGH ACRES, FL 33972 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT MARY KAY DICE 10631 WINDSMONT CT LEHIGH ACRES, FLA 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICE, MARY K 10631 WINDSMONT CT LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY PAT GREEN 105 RIVIERA ST. LEHIGH ACRES, FLA 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, MARIE 254 DAVID AVE LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY HELEN QUIGLEY 11253 LAKELAND CIRCLE FT. DIVERS, FLA 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Loretta Milligan</i>		LORETTA MILLIGAN, PRES.		4/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40614301



01042008 Chg-NP CR2E037 (12/06)

FL Zip Code 33972

4/15/08
239-303-2454