

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 033 ****61.25

DOCUMENT # 750089

1. Entity Name
THE WOMAN'S CLUB OF SANFORD, FLORIDA, INC.



Principal Place of Business
309 S. OAK AVE.
SANFORD, FL 32772-0270 US

Mailing Address
P.O. BOX 270
SANFORD, FL 32771-0270 US

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP

CR2E037 (4/08)

4. FEI Number
59-1960012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWEN, PATRICIA
118 W CRYSTAL DR
SANFORD, FL 32773

**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

Patricia A. Bowen

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

(NOTE: Registered Agent signature required when renewing)

01-15-08

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	PD MILLER, LINDA 2404 OAK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUTTON, KATHLEEN 747 KEENELAND PKE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAXON, JANE 208 DOGWOOD DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILHELM, JUDITH 6902 OAK GLENN CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, PATRICIA 118 WEST CRYSTAL DRIVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBES, DETORIS 2440 S. MYRTLE AVE SANFORD, FL 32771

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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:

Patricia A. Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-08

DATE

407-322-7836

Daytime Phone #