

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750089

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

309 S. OAK AVE.  
SANFORD, FL 327720270 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 270  
SANFORD, FL 327710270 US

**New Mailing Address:**

**FEI Number:** 59-1960012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWEN, PATRICIA  
118 W CRYSTAL DR  
SANFORD, FL 32773 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: PD  
Name: POLGAR, HELEN  
Address: 106 HIGHLAND CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: VPD  
Name: MAHANY, PATRICIA  
Address: 112 KAYWOOD DR.  
City-St-Zip: SANFORD, FL 32771

Title: VPD  
Name: JACK, BETTY  
Address: 2105 GLENWAY DR  
City-St-Zip: SANFORD, FL 32771

Title: VPD  
Name: DENNISON, CAROL  
Address: 305 DOGWOOD DR.  
City-St-Zip: SANFORD, FL 32771

Title: TD  
Name: BOWEN, PATRICIA  
Address: 118 WEST CRYSTAL DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: SD  
Name: AKERSON, LINDA  
Address: 549 PICKFAIR  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA BOWEN

TRES

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date