

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753367

FILED
Sep 08, 2008
Secretary of State

Entity Name: THE QUIN WOMENS CLUB, INC.

Current Principal Place of Business:

1130 BROCK RD.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

1130 BROCK RD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3570230 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARRISH, OLLIE DELL
1130 BROCK RD
MONTICELLO, FL 32344 US

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: D () Delete
Name: PARRISH, OLLIE D
Address: 1130 BROCK RD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: SEABROOKS, ESSIE M
Address: 243 BROCK RD
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: HERRING, ANN L
Address: PO BOX 451
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: SEABROOKS, JACQUELINE
Address: ROUTE 2 BOX 84F
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: JONES, OLLIE J
Address: 6158 ASHVILLE HWY
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: CRUMITY, JUANITA M
Address: 2903 BROCK ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUANITA MINTON CRUMITY

T

09/08/2008

Electronic Signature of Signing Officer or Director

Date