2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 753367

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 ( )**

Name and Address of Current Registered Agent:

PARRISH, OLLIE DELL
1130 BROCK RD
MONTICELLO, FL 32344 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:	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
Name:	
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 M CRUMITY T 04/13/2009

Electronic Signature of Signing Officer or Director — Date