2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 759677

Entity Name: THE DAVIE WOMAN'S CLUB

Current Principal Place of Business:

6551 ORANGE DR
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291053
DAVIE, FL 333291053 US

New Mailing Address:

FEI Number: 59-6170679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVINO, JOYCE
4765 S.W 61 AVENUE
DAVIE, FL 33314 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:	P	( ) Delete
Name:	SALVINO, JOYCE	
Address:	4765 SW 61 AVENUE	
City-St-Zip:	DAVIE, FL 33314	
Title:	VP	( ) Delete
Name:	HENNIG, E.L	
Address:	4979 SW 91 AVENUE	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	T	( ) Delete
Name:	HATTAN, CARYL M	
Address:	7790 N.W. 31ST STREET	
City-St-Zip:	DAVIE, FL 33024	
Title:	S	( ) Delete
Name:	ROWLAND, MAVIS	
Address:	5850 LINCOLN STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	

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:	

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: CARYL M. HATTAN T 03/19/2009

Electronic Signature of Signing Officer or Director — Date