


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 032 ****61.25

DOCUMENT # 762009 1. Entity Name WOMAN'S CLUB OF ST. CLOUD, FLORIDA, INC.					
Principal Place of Business 1014 MASSACHUSETTS AVE. P O BOX 700057 ST CLOUD, FL 34770-7057			Mailing Address 1014 MASSACHUSETTS AVE. P O BOX 700057 ST CLOUD, FL 34770-7057		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANK, MARY E 1043 E LAKE SHORE BLVD KISSIMMEE, FL 34744 <i>1793 CHRISTINA LEE LN</i> <i>ST CLOUD, FL</i> <i>34769</i>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUCKNER, JUNE 3505 BAY COURT SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUDELSON, IRENE 5595 IRLO BRONSON LOT #60 SAINT CLOUD, FL 34771 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WITHERINGTON, JEAN 2595 N NARCOOSSEE RD SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAUST, CHARMAINE 2316 SWEETWATER BLVD. ST CLOUD, FL 34772 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HUDELSON, IRENE 5595 IRLO BRONSON LOT #60 SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRARI, TERRI 1021 MONROE AVE ST CLOUD, FL 34769 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCKEOWN, BETTY 1616 GAR STREET SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANK, MARY ELLEN 1793 CHRISTINA LEE LANE SAINT CLOUD, FL 34769 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jean Witherington</i> 5/23/08 407-957-4347 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					