2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2010
Secretary of State

DOCUMENT# 762009

Entity Name: WOMAN'S CLUB OF ST. CLOUD, FLORIDA, INC.

Current Principal Place of Business:

1014 MASSACHUSETTS AVE.
ST CLOUD, FL 347707057

New Principal Place of Business:

Current Mailing Address:

1014 MASSACHUSETTS AVE.
P O BOX 700057
ST CLOUD, FL 347707057

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK, MARY E
1793 CHRISTINA LEE LN
SAINT CLOUD, FL 34769 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: HUDELSON, IRENE
Address: 5595 IRLO BRONSON LOT #60
City-St-Zip: SAINT CLOUD, FL 34771

Title: T
Name: FRANK, MARY ELLEN
Address: 1793 CHRISTINA LEE LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: VPD
Name: BAUST, CHARMAINE
Address: 2316 SWEETWATER BLVD
City-St-Zip: SAINT CLOUD, FL

Title: S
Name: FERRARI, TERRI
Address: 1021 MONROE AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: O
Name: MCCLURE, LUCILLE W
Address: 1121 VIRGINIA AVE.
City-St-Zip: ST CLOUD, FL 34769

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: LUCILLE W. MCCLURE OF 01/29/2010

Electronic Signature of Signing Officer or Director — Date