2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762009

FILED Feb 07, 2012 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

1014 MASSACHUSETTS AVE. ST CLOUD, FL 347707057

Current Mailing Address:

New Mailing Address:

1014 MASSACHUSETTS AVE. ST CLOUD, FL 347707057

PO BOX 700057 ST CLOUD, FL 347707057 US

FEI Number: 30-0472776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HECTOR, EILEEN B 4873 FELLS COVE AVE KISSIMMEE, FL 34744 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: PD

 Name:
 BAUST, CHARMAINE

 Address:
 2316 SWEETWATER BLVD

 City-St-Zip:
 SAINT CLOUD, FL 34772

Title:

Name: HECTOR, EILEEN B Address: 4873 FELLS COVE AVE City-St-Zip: KISSIMMEE, FL 34744

Title: VPD

Name: MCKEOWN, BETTY Address: 1616 GAR ST

City-St-Zip: SAINT CLOUD, FL 34771

Title:

Name: LANE, CHERYL

Address: 623 MASSACHUETTS AV
City-St-Zip: SAINT CLOUD, FL 34769

Title: C

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: EILEEN B. HECTOR

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02/07/2012