

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762487

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: HERNANDO BEACH WOMEN'S CLUB, INC.

## Current Principal Place of Business:

C/O CHERYL LABBE  
4388 7TH ISLE DR  
HERNANDO BEACH, FL 34607

## New Principal Place of Business:

## Current Mailing Address:

C/O CHERYL LABBE  
4388 7TH ISLE DR  
HERNANDO BEACH, FL 34607

## New Mailing Address:

FEI Number: 59-2177848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABBE, CHERYL  
4388 7TH ISLE DR  
HERNANDO BCH, FL 34607 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: S ( ) Delete  
Name: RODRIGUEZ, IRIS  
Address: 8254 APPLE ORCHARD RD  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: ST. ARNAUD, MARY A  
Address: 8489 ATHENS CT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D ( ) Delete  
Name: BREEDEN, BETTY  
Address: 3161 FLAMINGO BLVD  
City-St-Zip: HERNANDO BEACH, FL 33607

Title: P ( ) Delete  
Name: BOIN, JANET  
Address: 4321 BISCAYNE DR  
City-St-Zip: HERNANDO BCH, FL 34607

Title: T ( ) Delete  
Name: LABBE, CHERYL  
Address: 4388 7TH ISLE DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: D ( ) Delete  
Name: ELSEBOUGH, ANNA  
Address: 3350 MINNOW CIRCLE  
City-St-Zip: HERNANDO BEACH, FL 34607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CASSELL, ANGELA  
Address: 8489 ATHENS CT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D (X) Change ( ) Addition  
Name: VANDYK, PATRICIA  
Address: 3353 GULF COAST DRIVE  
City-St-Zip: HERNANDO BEACH, FL 33607

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: CHERYL L. LABBE

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date