

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765767

FILED
Jan 15, 2005
Secretary of State

Entity Name: THE WOMAN'S COMMUNITY CLUB OF FORT MYERS, FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 6972
FT MYERS, FL 33911

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 6972
FT MYERS, FL 33911

New Mailing Address:

FEI Number: 52-1293689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, MARY L
17281 BRENFIELD LANE
ALVA, FL 33920 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: VP () Delete
Name: HENDERSON, VIRGINIA
Address: 1314 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: P () Delete
Name: CARTER, MARGARET
Address: 1324 LYNNWOOD AVE
City-St-Zip: FORT MYERS, FL 33901

Title: S () Delete
Name: WEAVER, KAREN
Address: 2975 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: ARNALL, ANN
Address: 625 SUNNYSIDE CT.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NEUBERT, KAREN
Address: 2975 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN ARNALL

T

01/15/2005

Electronic Signature of Signing Officer or Director

Date