

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 027 ****61.25

DOCUMENT # 765767	
1. Entity Name THE WOMAN'S COMMUNITY CLUB OF FORT MYERS, FLORIDA, INC.	



Principal Place of Business P.O. BOX 6972 FT MYERS, FL 33911	Mailing Address P.O. BOX 6972 FT MYERS, FL 33911
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40036848



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 52-1293689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MANN, MARY L 17281 BRENFIELD LANE ALVA, FL 33920	

7. Name and Address of New Registered Agent	
Name	Karen T. Neubert
Street Address (P.O. Box Number is Not Acceptable)	2975 McGregor Blvd
City	FL Myers
Zip Code	33901

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: KAREN T. NEUBERT Karen T. Neubert 3/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, VIRGINIA 1314 SHADOW LANE FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRITCHETT, VIRGINIA L 14350 DUKE HIGHWAY ALVA, FL 33920 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUBERT, KAREN 2975 MCGREGOR BLVD. FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNALL, ANN 625 SUNNYSIDE CT. FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Neubert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2975 McGregor Blvd Ft. Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eloise Sarlo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5553 Shadalee Ft. Myers 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandee Foster <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1338 Jambalana Lane Ft. Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Connie Burkert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 Shadow Lane Ft. Myers, FL 33901
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"/> 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: Connie Burkert Treasurer 3/9/07 239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #