

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765767

FILED
Apr 14, 2009
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:

5553 SHADDELEE
FT MYERS, FL 33919

Current Mailing Address:

P.O.BOX 6972
FT MYERS, FL 33911

New Mailing Address:

P.O. BOX 6972
FT. MYERS, FL 33911

FEI Number: 52-1293689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBERT, KAREN T
2975 MCGREGOR BLVD.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SARLO, ELOISE
5553 SHADDELEE
FORT MYERS, FL 33919 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: ELOISE SARLO

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: SARLO, ELOISE
Address: 5553 SHADDELEE
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: FOSTER, SANDEE
Address: 1338 JAMBALANA LN.
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: BURKERT, CONNIE
Address: 1111 SHADOW LN.
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARLO, ELOISE
Address: 5553 SHADDELEE
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change () Addition
Name: FOSTER, SANDEE
Address: 1338 JAMBALANA LN.
City-St-Zip: FORT MYERS, FL 33901

Title: S (X) Change () Addition
Name: HENDERSON, RINA
Address: 1266 WALES DR.
City-St-Zip: FORT MYERS, FL 33901

Title: T (X) Change () Addition
Name: MCGEE, TRACY
Address: 1589 COVINGTON CIR. E.
City-St-Zip: FORT MYERS, FL 33919

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: ELOISE SARLO

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date