

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # 767035

1. Entity Name

THE WOMAN'S CLUB OF WINTER HAVEN, INC.



Principal Place of Business

660 POPE AVENUE NW
WINTER HAVEN 33883

Mailing Address

P.O. BOX 7342
WINTER HAVEN FL 33883



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, KATHRYNE
150 EL DORADO DRIVE SE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME GILBERT, PHYLLIS R
STREET ADDRESS 545 AVE L SE
CITY-STATE-ZIP WINTER HAVEN FL 33880

TITLE VPD ☐ Delete
NAME DIXON, SUE ANNE
STREET ADDRESS 1909 HAZELTINE WAY
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE PD ☐ Delete
NAME TRIMBLE, KATHRYNE
STREET ADDRESS 150 EL DORADO DR SE
CITY-STATE-ZIP WINTER HAVEN FL 33884

TITLE DS ☐ Delete
NAME GRAVES, JEAN
STREET ADDRESS 3927 CRUMP ROAD
CITY-STATE-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000656433
CITY-STATE-ZIP 03/14/07-80025-007 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phyllis R. Gilbert* (PHYLLIS R. GILBERT) 2/26/07 293-4525 (863)