

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767035

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE WOMAN'S CLUB OF WINTER HAVEN, INC.

Current Principal Place of Business:

660 POPE AVENUE NW
WINTER HAVEN, 33883

New Principal Place of Business:

660 POPE AVENUE NW
WINTER HAVEN, FL 33883

Current Mailing Address:

P.O. BOX 7342
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAVES, JEAN
3927 CRUMP ROAD
WINTER HAVEN, FL 33881 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: P () Delete
Name: GRAVES, JEAN
Address: 3927 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: RISHER, MARGARET
Address: 1525 17TH STREET, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: GUINN, JAN
Address: 150 BAHIA COURT
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

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: WILLIAMS, DEENA
Address: 5811 DRIFTWOOD DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Change (X) Addition
Name: GILBERT, PHYLLIS R
Address: 545 AVENUE L SE
City-St-Zip: WINTER HAVEN, FL 33880

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: PHYLLIS R. GILBERT

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date