


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 044 ****61.25

DOCUMENT # 768214 1. Entity Name EBONY WOMAN'S CLUB, INC.					
Principal Place of Business OLIVER ST. POB 1243 CROSS CITY, FL 32628			Mailing Address OLIVER ST. POB 1243 CROSS CITY, FL 32628		
2. Principal Place of Business Oliver Street Suite, Apt. #, etc. POB 162		3. Mailing Address P.O. Box 162 Suite, Apt. #, etc.			
City & State Cross City, Florida		City & State Cross City, Florida		4. FEI Number 59-2364451	
Zip 32628		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIS, SALLY MAE CENTER ST. CROSS CITY, FL 32628				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLANTON, ROSIE L P.O BOX 1173 OSTEN RD CROSS CITY, FL 32628	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, HEDIE BELL CHESS HALL AVE POB393 NA CROSS CITY, FL 00000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWSON, ELIZABETH OLIVER ST PO BOX 162 N/A CROSS CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLMONTEEN R. DIXIE ST PO BOX 638 NA/ CROSS CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, CAROLYN OLIVER ST P.O. BOX 5 CROSS CITY, FL	<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"/> 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: <u>Elizabeth Dawson</u> Elizabeth Dawson <u>7/10/06</u> <u>(352)356-1624</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					