



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90023 040 \*\*\*\*61.25

<b>DOCUMENT # 771036</b> 1. Entity Name <b>TWIN CITIES WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>P. O. BOX 722 NICEVILLE, FL 32588</b>			Mailing Address <b>P. O. BOX 722 NICEVILLE, FL 32588</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2297286</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SHARPE, GLENDA 1740 WREN WAY NICEVILLE, FL 32578</b>			7. Name and Address of New Registered Agent Name <b>Sandra Carney</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Windward Cove W</b> City <b>Niceville</b> FL Zip Code <b>32578</b>		
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 <u><i>Sandra Carney</i></u> <u><i>Sandra Carney</i></u> <u><i>1-22-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution.</small>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, RUTH 613 SAILBOAT DR. NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, SHARRON 1391 SUNSET BEACH DR. NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY, MARY JO 484 RUCKEL DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS YORK, POLLY 132 TAMARA COVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARPE, GLENDA 1740 WREN WAY NICEVILLE, FL 32578	<input checked="" 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			
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><i>Sandra Carney</i></u> <u><i>Sandra Carney</i></u> <u><i>1-22-06</i></u> <u><i>850 897 9477</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					