

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771036

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** TWIN CITIES WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

P. O. BOX 722  
NICEVILLE, FL 32588

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 722  
NICEVILLE, FL 32588

**New Mailing Address:**

**FEI Number:** 59-2297286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, MARGERY  
144 BERMUDA CIRCLE N  
NICEVILLE, FL 32578 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  
Name: HUDKINS, GLENDA  
Address: 611 W BIRKDALE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: FUQUA, DALE  
Address: 175 W.T. HULLON RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: RS  
Name: MIXON, PATTY  
Address: 93 CATHY LANE  
City-St-Zip: FREEPORT, FL 32439

Title: CS  
Name: VOGLER, JACQUELYN  
Address: 312 ST. ANDREWS DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: PAR  
Name: SUSIE, HAGWOOD  
Address: 222 WINDWARD WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: T  
Name: FLETCHER, MARGERY  
Address: 144 BERMUDA CIRCLE N  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: MARGERY FLETCHER

TREA

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date