

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771036

FILED
Apr 27, 2011
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:

144 BERMUDA CR. N.
NICEVILLE, FL 32578

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: FUQUA, DALE
Address: 175 W. T. HULION RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: VP
Name: PANDZIK, JANET
Address: 222 YELLOW PINE CT.
City-St-Zip: NICEVILLE, FL 32578

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

Title: CS
Name: SHIPLEY, ROMA
Address: 330 OLDE POST RD.
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

T.

04/27/2011

Electronic Signature of Signing Officer or Director

Date