2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#771036

FILED Apr 25, 2012 Secretary of State

04/25/2012

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

Current Principal Place of Business: New Principal Place of Business:

144 BERMUDA CR. N. 4317 SUNSET BEACH CIRCLE

NICEVILLE, FL 32578 NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

P. O. BOX 722 NICEVILLE, FL 32588

FEI Number: 59-2297286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLETCHER, MARGERY

144 BERMUDA CIRCLE N

NICEVILLE, FL 32578 US

FAIR, HARRIET A

4317 SUNSET BEACH CIRCLE

NICEVILLE, FL 32578 US

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: HARRIET A. FAIR

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

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

Title: VP

Name: LITKE, KAY

Address: 2422 EDGEWATER DRIVE City-St-Zip: NICEVILLE, FL 32578

Title: RS

 Name:
 CLAPP, CAMELIA

 Address:
 55 KATHY 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:

Name: FAIR, HARRIET A

Address: 4317 SUNSET BEACH CIRCLE 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: HARRIET A. FAIR TREA 04/25/2012

Electronic Signature of Signing Officer or Director

Date