

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 018 ****61.25

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1. Entity Name

TRINITY OAKS WOMEN'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1940 WINSLOE DRIVE
TRINITY FL 34655

1940 WINSLOE DRIVE
TRINITY FL 34655

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3619830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUDEBAKER, JUDY
1940 WINSLOE DRIVE
TRINITY FL 34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☒ Delete
NAME GARCIA, JANE
STREET ADDRESS 2047 CARDAMON DR
CITY ST ZIP TRINITY FL 34655

TITLE PD ☒ Change ☐ Addition
NAME HANNA, MARIA
STREET ADDRESS 8952 BEL MEADOW WAY
CITY ST ZIP TRINITY, FL 34655

TITLE VD ☐ Delete
NAME MANNA, MARIA
STREET ADDRESS 8952 BEL MEADOW WAY
CITY ST ZIP TRINITY FL 34655

TITLE VD ☐ Change ☒ Addition
NAME STANAITIS, BONNIE
STREET ADDRESS 1414 SAFFRON WAY
CITY ST ZIP TRINITY, FL 34655

TITLE TD ☐ Delete
NAME STUDEBAKER, JUDY
STREET ADDRESS 1940 WINSLOE DR
CITY ST ZIP TRINITY FL 34655

TITLE D ☐ Change ☒ Addition
NAME SEBACHER, JANIS
STREET ADDRESS 1875 KINSMERE DR
CITY ST ZIP TRINITY, FL 34655

TITLE SD ☐ Delete
NAME WICKETT, BARBARA
STREET ADDRESS 8106 TANTALLON WAY
CITY ST ZIP TRINITY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☐ Delete
NAME KIERNAN, CAROL
STREET ADDRESS 1732 BROADLEAF CT
CITY ST ZIP TRINITY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☐ Delete
NAME CUSUMANO, ANN
STREET ADDRESS 10543 PEPPERGRASS CT
CITY ST ZIP TRINITY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JUDY H. STUDEBAKER
Judy H. Studenaker

02/09/2007

727-372-7921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #