

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000467

FILED
Jan 12, 2009
Secretary of State

Entity Name: TRINITY OAKS WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

1940 WINSLOE DRIVE
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1940 WINSLOE DRIVE
TRINITY, FL 34655

New Mailing Address:

FEI Number: 59-3619830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUDEBAKER, JUDY
1940 WINSLOE DRIVE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

STUDEBAKER, JUDY H
1940 WINSLOE DRIVE
TRINITY, FL 34655 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: JUDY H. STUDEBAKER

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANAITIS, BONNIE
Address: 1414 SAFFRON WAY
City-St-Zip: TRINITY, FL 34655

Title: VD () Delete
Name: MORGANTI, STEPHANIE
Address: 10018 GREEN IVY DR.
City-St-Zip: TRINITY, FL 34655

Title: TD () Delete
Name: STUDEBAKER, JUDY
Address: 1940 WINSLOE DR
City-St-Zip: TRINITY, FL 34655

Title: SD () Delete
Name: WICKETT, BARBARA
Address: 8106 TANTALLON WAY
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: KIERNAN, CAROL
Address: 1732 BROADLEAF CT
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: SEBACHER, JANIS
Address: 1875 KINSMERE DR.
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORGANTI, STEPHANIE
Address: 10018 GREEN IVY DR.
City-St-Zip: TRINITY, FL 34655

Title: VD (X) Change () Addition
Name: ARLENE, SHARLAT
Address: 1443 BONNALLACK CT.
City-St-Zip: TRINITY, FL 34655

Title: TD (X) Change () Addition
Name: STUDEBAKER, JUDY H
Address: 1940 WINSLOE DR
City-St-Zip: TRINITY, FL 34655

Title: SD (X) Change () Addition
Name: WICKETT, BARBARA J
Address: 8106 TANTALLON WAY
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY H. STUDEBAKER

TREA

01/12/2009

Electronic Signature of Signing Officer or Director

Date