


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90060 027 ****61.25

DOCUMENT # N01000007298 1. Entity Name CARROLLWOOD AREA WOMEN'S CLUB, INC.			
Principal Place of Business 4202 CARROLLWOOD ULA DR TAMPA, FL 33618		Mailing Address 4202 CARROLLWOOD ULA DR TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box # 10107 Mowry Lane Suite, Apt. #, etc.		3. Mailing Address 10107 Mowry Lane Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33625		Zip 33625	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, KAREN 4202 CARROLLWOOD ULA DR TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Gaver, Kathryn Street Address (P.O. Box Number is Not Acceptable) 10107 Mowry Lane Tampa, FL 33625 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: <u>Kathryn Gaver</u> DATE: <u>4/3/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, CAROLE <input type="checkbox"/> Delete 14003 ASHLAND MANOR WAY TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Britton, Sandy <input type="checkbox"/> Change <input type="checkbox"/> Addition 5056 Barrowe Dr. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAVER, KAY <input type="checkbox"/> Delete 10107 MOWRY LANE TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheesley, Joyce <input type="checkbox"/> Change <input type="checkbox"/> Addition 4251 Golf Club Lane Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, KAY <input type="checkbox"/> Delete 2806 ORMANDY CT TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shepard, Barbara <input type="checkbox"/> Change <input type="checkbox"/> Addition 14156 Fernsbury Dr. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, JUDY <input type="checkbox"/> Delete 13819 CYPRESS ULA CR TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neuhardt, Liz <input type="checkbox"/> Change <input type="checkbox"/> Addition 5007 Paloma Dr. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAK, MARILYN <input type="checkbox"/> Delete 2821 SAMARA DR TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pappas, Bonnie <input type="checkbox"/> Change <input type="checkbox"/> Addition 16312 Avila Blvd. Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONSACK, MARY <input type="checkbox"/> Delete 7762 STILL LAKES DR ODESSA, FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kathryn Gaver</u> DATE: <u>4/3/2007</u> <small>Signature and typed or printed name of signing officer or director</small>			