2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90015 011 ****61.25

DOCUMENT # N01000007298

1. Entity Name

CARROLLWOOD AREA WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
10107 MOWRY LANE TAMPA FL 33625	10107 MOWRY LANE TAMPA FL 33625

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 (10/07)

4. FEI Number NO-T APPLICABLE — 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
GAVER, KATHRYN 10107 MOWRY LANE TAMPA FL 33625	Name: Boelling, Donna Street Address (P.O. Box Number is Not Acceptable): 14107 Stonegate Dr. City: Tampa, FL 33624 FL Zip Code: 33624

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: Kathryn Gaver — 4/1/2008 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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	P	☑ Delete	TITLE	President	☑ Change ☐ Addition
NAME	BRITTON, SANDY		NAME	Shepardg Barbara	
STREET ADDRESS	5056 BARROWE DR		STREET ADDRESS	14156 Fennsbury Dr.	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	Tampa, FL 33624	
TITLE	V	☑ Delete	TITLE	V	☑ Change ☐ Addition
NAME	SHEESLEY, JOYCE		NAME	Gail Freed	
STREET ADDRESS	4251 GOLF CLUB LANE		STREET ADDRESS	16304 Moradas de Avila	
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	Tampa, FL 33613	
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	SHEPARD, BARBARA		NAME	Karen Meyer	
STREET ADDRESS	14156 FEHNSBURY DR		STREET ADDRESS	4202 Carrollwood Village Dr.	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	S	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	NEUHARDT, LIZ		NAME	Charlene Adams	
STREET ADDRESS	5007 PALOMA DR		STREET ADDRESS	18543 Bittern Ave.	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	Lutz, FL 33558	
TITLE	D	☑ Delete	TITLE	D	☐ Change ☐ Addition
NAME	PAPPAS, BONNIE		NAME	Kay McKenzie	
STREET ADDRESS	16312 AVILA BLVD		STREET ADDRESS	2806 Ormandy Ct.	
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	BONSACK, MARY		NAME	Sandy Britton	
STREET ADDRESS	7762 STILL LAKES DR		STREET ADDRESS	5056 Barrowe Dr.	
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP	Tampa, FL 33624	

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: Kathryn Gaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #