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

1st MOORE CR2E037 (10/07)

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

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

GAVER, KATHRYN
10107 MOWRY LANE
TAMPA FL 33625

7. Name and Address of New Registered Agent

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

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

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