

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007298

FILED
Feb 09, 2009
Secretary of State

Entity Name: CARROLLWOOD AREA WOMEN'S CLUB, INC.

Current Principal Place of Business:

10107 MOWRY LANE
TAMPA, FL 33625

New Principal Place of Business:

14107 STONEGATE DRIVE
TAMPA, FL 33624

Current Mailing Address:

10107 MOWRY LANE
TAMPA, FL 33625

New Mailing Address:

14107 STONEGATE DRIVE
TAMPA, FL 33624

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOELLING, DONNA
14107 STONEGATE DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEPARD, BARBARA
Address: 14156 FENNSBURY DR
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: FREED, GAIL
Address: 16304 MORADAS DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: MEYER, KAREN
Address: 4202 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: ADAMS, CHARLENE
Address: 18543 BITTERN AVE.
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: KAY, MCKENZIE
Address: 2806 ORMANDY CT
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BRITTON, SANDY
Address: 5056 BARROWE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: DOELLING, DONNA
Address: 14107 STONEGATE DRIVE
City-St-Zip: TAMPA, FL 33624

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: DONNA DOELLING

T

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date