## 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: New Principal Place of Business:** 10107 MOWRY LANE 14107 STONEGATE DRIVE TAMPA, FL 33625 TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** 10107 MOWRY LANE 14107 STONEGATE DRIVE TAMPA, FL 33624 TAMPA, FL 33625 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOELLING, DONNA 14107 STONEGATE DR TAMPA, FL 33624 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHEPARD, BARBARA Name: Name: Address: 14156 FENNSBURY DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FREED, GAIL Name: Address: 16304 MORADAS DE AVILA Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: () Change () Addition MEYER, KAREN Name: Name: 4202 CARROLLWOOD VILLAGE DR Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ADAMS, CHARLENE Name: Name: 18543 BITTERN AVE. Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: Title: () Delete () Change () Addition KAY, MCKENZIE Name: Name: 2806 ORMANDY CT Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BRITTON, SANDY DOELLING, DONNA Name: Name: Address: 5056 BARROWE DRIVE Address: 14107 STONEGATE DRIVE TAMPA, FL 33624 TAMPA, FL 33624 City-St-Zip: 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: DONNA DOELLING T 02/09/2009