

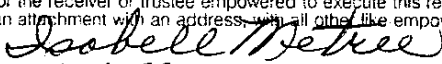
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 006 ****61.25

DOCUMENT # N01995			
1. Entity Name WOMAN'S CLUB OF FORT PIERCE, FLORIDA			
Principal Place of Business 2408 S 29TH ST P.O. BOX 3794 FT. PIERCE FL 34948 US		Mailing Address 2408 S 29TH ST P.O. BOX 3794 FT. PIERCE FL 34948 US	
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
6. Name and Address of Current Registered Agent ISAKSEN, THELMA 17130 MARINERS COVE FORT PIERCE FL 34950		7. Name and Address of New Registered Agent Name Millie West Street Address (P.O. Box Number is Not Acceptable) 3037 Sunrise Blvd. City Fort Pierce FL Zip Code 34982	
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 Millie West President 3-14-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is 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	PD ISAKSEN, THELMA 17130 MARINERS COVE FORT PIERCE FL 34950 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Millie West 3037 Sunrise Blvd. Fort Pierce, FL 34982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EASON, MARIETTA 4377 GATOT TRACE LN FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Isabell Metree 3605 S. Indian River Drive Fort Pierce, FL 34982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD VOLZ, ODELE 4065 GARDEN VILLAS CT FORT PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD SACHER, ROSE 1713D MARINERS COVE FORT PIERCE FL 34950 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD Hazel Case 1463B Captain's Walk Fort Pierce, FL 34950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD WEST, MILLIE 3037 SUNRISE BLVD FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD Gloria Hoffer 3200 N. ALA, Apt. 607 Fort Pierce, FL 34949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD CASE, HAZEL 1463B CAPTAIN'S WALK FORT PIERCE FL 34950 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Charlotte Baker 1315A Peppertree Tr. Fort Pierce, FL 34950 ☒ 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: **Isabell Metree** **Treasurer** **3-14-08** **772/464-7952**