

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01995

FILED
Apr 07, 2009
Secretary of State

Entity Name: WOMAN'S CLUB OF FORT PIERCE, FLORIDA

Current Principal Place of Business:

2408 S 29TH ST
P.O.BOX 3794
FT.PIERCE, FL 34948 US

New Principal Place of Business:

2408 S 29TH ST
FT.PIERCE, FL 34948 US

Current Mailing Address:

2408 S 29TH ST
P.O.BOX 3794
FT.PIERCE, FL 34948 US

New Mailing Address:

2408 S 29TH ST
FT.PIERCE, FL 34948 US

FEI Number: 59-1196034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, MILLIE
3037 SUNRISE BLVD.
FORT PIERCE, FL 34982 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: PD () Delete
Name: WEST, MILLIE
Address: 3037 SUNRISE BLVD.
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: ISABELL, METREE
Address: 3605 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: TVPD () Delete
Name: VOLZ, ODELE
Address: 4065 GARDEN VILLAS CT
City-St-Zip: FORT PIERCE, FL 34982

Title: FVPD () Delete
Name: HAZEL, CASE
Address: 1463B CAPTAIN'S WALK
City-St-Zip: FORT PIERCE, FL 34950

Title: RSD () Delete
Name: HOFFER, GLORIA
Address: 3200 N. AIA, APT. 607
City-St-Zip: FORT PIERCE, FL 34949

Title: CSD () Delete
Name: BAKER, CHARLOTTE
Address: 1315A PEPPERTREE TR.
City-St-Zip: FORT PIERCE, FL 34950

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
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Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
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: ISABELL METREE

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date