2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# N01995

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

Current Principal Place of Business:

2408 S 29TH ST
FT.PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3794
FT.PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 59-1196034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEVENGER, MARGE
5061 NORTH A1A, #804
FORT PIERCE, FL 34949 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
Name: CLEVENGER, MARGE
Address: 5061 NORTH A1A, #804
City-St-Zip: FORT PIERCE, FL 34949

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

Title: FVPD
Name: FREELING, ROBERTA
Address: 2200 NORTH A1A, #1101
City-St-Zip: FORT PIERCE, FL 34949

Title: CSD
Name: WEISENBACHER, ROSE
Address: 5061 N. A1A, #504A
City-St-Zip: FORT PIERCE, FL 34949

Title: RSD
Name: HANITSCHAK, ANITA
Address: 433 SE GUAVA TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: ISABELL METREE TD 03/22/2012

Electronic Signature of Signing Officer or Director Date