

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90252 007 \*\*\*\*61.25

<b>DOCUMENT # N02000002567</b> 1. Entity Name <b>WAKULLA PROFESSIONAL AND BUSINESS WOMEN'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 111 CRAWFORDVILLE, FL 32326</b>			Mailing Address <b>PO BOX 111 CRAWFORDVILLE, FL 32326</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>03-0449701</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVID, JANIS 121 OLD STILL ROAD CRAWFORDVILLE, FL 32327</b>				7. Name and Address of New Registered Agent Name <b>Lawhon, Jackie</b> Street Address (P.O. Box Number is Not Acceptable) <b>7990 Smith Creek Road Sopchoppy, FL 32358</b> City <b>Sopchoppy</b> <b>FL</b> Zip Code <b>32358</b>	
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 <i>Jackie Lawhon, President</i> DATE <i>4-20-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, JANIS PO BOX 111 CRAWFORDVILLE, FL 32326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lawhon, Jackie 7990 Smith Creek Road Sopchoppy, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALSTEAD, BEVERLY PO BOX 111 CRAWFORDVILLE, FL 32326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Abbott, Ann 96 Slash Pine Drive Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWHON, JACKIE PO BOX 111 CRAWFORDVILLE, FL 32326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Halstead, Beverly P.O.-Box 111, High Drive Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOKLEY, GENEVA PO BOX 111 CRAWFORDVILLE, FL 32326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stokley, Geneva 175 Casora Drive Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Jackie Lawhon</i> <b>JACKIE LAWHON</b> <i>4/20/05</i> <b>850-962-4611</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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