

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002567

FILED
Mar 09, 2009
Secretary of State

Entity Name: WAKULLA PROFESSIONAL AND BUSINESS WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 111
CRAWFORDVILLE, FL 32326

New Principal Place of Business:

2679 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 111
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 03-0449701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWHORN, JACKIE
7990 SMITH CREEK RD
SOPCHOPPY, FL 32358 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: VD () Delete
Name: POSEY, BRENDA
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32362

Title: SD () Delete
Name: OLAH, CHERYL
Address: PO BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32362

Title: PD () Delete
Name: STOKLEY, GENEVA
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32328

Title: TD () Delete
Name: WALSH, MARY
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: SHEPARD, ANNIEFAYE
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32328

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: ANNIEFAYE SHEPARD

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date