

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002567

FILED
Apr 06, 2010
Secretary of State

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

Current Principal Place of Business:

2679 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

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
Name: HAMPTON, JUDY
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32362

Title: SD
Name: BOLES, LINDA
Address: PO BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32362

Title: PD
Name: SANDERS, TARA C
Address: P.O. BOX 111
City-St-Zip: CRAWFORDVILLE, FL 32328

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

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: MARY WALSH

TD

04/06/2010

Electronic Signature of Signing Officer or Director

Date