


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02873 1. Entity Name THE WOMAN'S CLUB OF PALMETTO, FLORIDA	
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Principal Place of Business 910 6TH STREET WEST PALMETTO, FL 34220	Mailing Address P. O. BOX 832 PALMETTO, FL 34220
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2281963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, ANN M
706 20TH AVE WEST
PALMETTO, FL 34221

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IN THIS SPACE**

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 _____ DATE _____
Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P MARSHALL, ANN M 706 20TH AVE. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY ST ZIP	VP VANAMAN, MARY 361 SHORE DRIVE ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY ST ZIP	AL DURRANCE, JULIA 1704 4TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY ST ZIP	T ROGERS, LYNNE 340 S ORCHID DRIVE ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY ST ZIP	AL BRYAN, BILLIE 1423 12TH AVE. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY ST ZIP	

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01/11/05-80030-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Ann M Marshall 01-05-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr