

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000886

FILED
Apr 27, 2005
Secretary of State

Entity Name: ALACHUA WOMAN'S CLUB, INC.

Current Principal Place of Business:

14565 NW 141 ST
ALACHUA, FL

New Principal Place of Business:

14565 NW 141 ST
ALACHUA, FL 32615

Current Mailing Address:

PO BOX 374
ALACHUA, FL 326160374

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, VALERIE E MS.
14001 NW 166 TERRACE
ALACHUA, FL 32615 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: P () Delete
Name: HAGAN, AVA
Address: PO BOX 374
City-St-Zip: ALACHUA, FL 32616

Title: V () Delete
Name: RINGO, CHARLENE
Address: PO BOX 374
City-St-Zip: ALACHUA, FL 32616

Title: T () Delete
Name: TAYLOR, VALERIE
Address: 14001 NW 166 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HARTLEY, CHERYL MRS.
Address: PO BOX 374
City-St-Zip: ALACHUA, FL 32616

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

Title: S () Change (X) Addition
Name: IMLER, JOAN MRS.
Address: P.O. BOX 374
City-St-Zip: ALACHUA, FL 32616

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALERIE E. TAYLOR

T

04/27/2005

Electronic Signature of Signing Officer or Director

Date