

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003177

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** HEATHROW WOMEN'S CLUB CHARITIES, INC.

**Current Principal Place of Business:**

358 DEVON PL  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

358 DEVON PL  
HEATHROW, FL 32746

**New Mailing Address:**

**FEI Number:** 54-2107195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, CONNIE  
358 DEVON PL  
HEATHROW, FL 32746 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: PD ( ) Delete  
Name: PHILPOTT, TONI  
Address: 630 LAKEWORTH CIR  
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete  
Name: MCDONALD, CONNIE  
Address: 358 DEVON PL  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: BEISLER, SALLY  
Address: 777 PRESERVE TERRACE  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DARRAH, PATRICE  
Address: 1624 CHERRY RIDGE DRIVE  
City-St-Zip: HEATHROW, FL 32746 US

Title: TD (X) Change ( ) Addition  
Name: MCDONALD, CONNIE  
Address: 358 DEVON PL  
City-St-Zip: LAKE MARY, FL 32746 US

Title: VPD (X) Change ( ) Addition  
Name: HALCROW, MARTHA  
Address: 6242 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

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: CONNIE MCDONALD

TD

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date