

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010719

1. Entity Name
LAKE BUTLER WOMAN'S CLUB, INC.



Principal Place of Business

**285 N. E. 1ST AVENUE
LAKE BUTLER, FL 32054**

Mailing Address

**P.O. BOX 162
LAKE BUTLER, FL 32054**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
38-3695768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TILLIS, RICHARD O
125 E. MAIN STREET
LAKE BUTLER, FL 32054**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KELLER, SALLY
RT. 5 BOX 5940
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRANNEN, JEAN
220 N. LAKE AVE.
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CARTER, SYLVIA
RT. 3 BOX 117 R
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
REEVES, MARGARET
1005 SW 6TH STREET, APT 304
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MAINES, HARRIETT
P. O. BOX 162
LAKE BUTLER, FL 32054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000500944
04/25/06-80042-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Harriett Maines Harriett Maines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

386-496-3978

Daytime Phone if