


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 019 \*\*\*\*61.25

<b>DOCUMENT # N03000010719</b> 1. Entity Name <b>LAKE BUTLER WOMAN'S CLUB, INC.</b>					
Principal Place of Business 285 N. E. 1ST AVENUE LAKE BUTLER, FL 32054			Mailing Address P.O. BOX 162 LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>38-3695768</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>TILLIS, RICHARD O</b> <b>125 E. MAIN STREET</b> <b>LAKE BUTLER, FL 32054</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>200 SW 1st Street</b> City <b>Lake Butler</b> <b>FL</b> Zip Code <b>32054</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLER, SALLY <input checked="" type="checkbox"/> Delete RT. 5 BOX 5940 LAKE BUTLER, FL 32054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANNEN, JEAN <input type="checkbox"/> Delete 220 N. LAKE AVE. LAKE BUTLER, FL 32054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, SYLVIA <input type="checkbox"/> Delete RT. 3 BOX 117 R LAKE BUTLER, FL 32054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REEVES, MARGARET <input type="checkbox"/> Delete 1005 SW 6TH STREET, APT 304 LAKE BUTLER, FL 32054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAINES, HARRIETT <input type="checkbox"/> Delete P. O. BOX 162 LAKE BUTLER, FL 32054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Verona Deloach 14438 NW CR 239 Lake Butler, FL 32054					
VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14145 NW 84th Ct Lake Butler, FL 32054					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <u>Harriett Maines</u> <u>Harriett Maines</u> <u>4-25-07</u> <u>386-496-3978</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40085384



04192007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable