2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N03000010719

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 38-3695768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLIS, RICHARD O
190 W MAIN ST.
LAKE BUTLER, FL 32054 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: DELOACH, VERONA
Address: 14438 NW CR-239
City-St-Zip: LAKE BUTLER, FL 32054

Title: VPD ( ) Delete
Name: BRANNEN, JEAN
Address: 220 N. LAKE AVE.
City-St-Zip: LAKE BUTLER, FL 32054

Title: VD ( ) Delete
Name: CARTER, SYLVIA
Address: 14145 NW 84TH CT
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD ( ) Delete
Name: REEVES, MARGARET
Address: 1005 SW 6TH STREET, APT 304
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD ( ) Delete
Name: MAINES, HARRIETT
Address: P. O. BOX 162
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition
Name: REEVES, MARGARET
Address: 610 E MAIN STREET
City-St-Zip: LAKE BUTLER, FL 32054

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

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: HARRIETT MAINES TD 04/02/2009
Electronic Signature of Signing Officer or Director — Date