# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2006**
**Secretary of State**

DOCUMENT# N03924

**Entity Name:** WOMAN'S CLUB OF PALATKA, INC.

**Current Principal Place of Business:**

CORNER OF CRILL AVE & S. 13TH ST.
PO BOX 282
PALATKA, FL 321787282

**New Principal Place of Business:**

**Current Mailing Address:**

CORNER OF CRILL AVE & S. 13TH ST.
PO BOX 282
PALATKA, FL 321787282

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

PARKER, DEE
104 12TH TEE TRAIL
PALATKA, FL 32177 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: | V | ( ) Delete |
| Name: | ADAMS, CYNTHIA | |
| Address: | 5262 SILVER LAKE DRIVE | |
| City-St-Zip: | PALATKA, FL 32177 | |
| Title: | V | ( ) Delete |
| Name: | TYSON, BETTY | |
| Address: | 122 SMITH WAY | |
| City-St-Zip: | EAST PALATKA, FL 32131 | |
| Title: | S | ( ) Delete |
| Name: | BREMKAMP, LINDA | |
| Address: | 141 TANNER WOODS CIRCLE | |
| City-St-Zip: | PALATKA, FL 32177 | |
| Title: | T | ( ) Delete |
| Name: | ALTMAN, BARBARA | |
| Address: | 253 W RIVER ROAD | |
| City-St-Zip: | PALATKA, FL 32177 | |
| Title: | P | ( ) Delete |
| Name: | PARKER, DEE | |
| Address: | 2021 COUNTRY CLUB TERR | |
| City-St-Zip: | PALATKA, FL 32177 | |
| Title: | V | ( ) Delete |
| Name: | MATTHEWS, PAM | |
| Address: | 2021 COUNTRY CLUB TERR | |
| City-St-Zip: | PALATKA, FL 32177 | |

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA ALTMAN T 05/04/2006
Electronic Signature of Signing Officer or Director — Date