


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 004 ****69.00

DOCUMENT # N03924 1. Entity Name WOMAN'S CLUB OF PALATKA, INC.					
Principal Place of Business 605 S. 13TH STREET PALATKA, FL 32177 US			Mailing Address 605 S. 13TH STREET PO BOX 282 PALATKA, FL 32178-0282 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, CYNTHIA 5262 SILVER LAKE DR. PALATKA, FL 32177			Name Linda Bremkamp Street Address (P.O. Box Number is Not Acceptable) 141 Tanner Woods Circle City Palatka FL Zip Code 32177		
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 <u>Linda Bremkamp</u> <u>Linda Bremkamp</u> <u>April 21, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CYNTHIA		NAME	Bremkamp, Linda	
STREET ADDRESS	5262 SILVER LAKE DRIVE		STREET ADDRESS	141 Tanner Woods Circle	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, FL 32177	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, MARY		NAME	Dolinski, Rosie	
STREET ADDRESS	240 ST. JOHN'S DRIVE		STREET ADDRESS	119 Magnolia Dr	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREMKAMP, LINDA		NAME		
STREET ADDRESS	131 TANNER WOODS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTES, LUCILLE		NAME		
STREET ADDRESS	107 MORRIS ST.		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODOM, ETHELENE		NAME		
STREET ADDRESS	2010 CARR STREET		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, NATHALIE C		NAME	van Rensburg, Elizabeth	
STREET ADDRESS	239 BUFFALO BLUFF RD. #214		STREET ADDRESS	340 N 3rd St	
CITY-ST-ZIP	SATSUMA, FL 32189		CITY-ST-ZIP	Palatka, FL 32177	
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: Linda Bremkamp Linda Bremkamp 4-21-08 386 329-9795 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					