2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005
Secretary of State

DOCUMENT# N04000009688

Entity Name: WOMEN'S CLUB OF CELEBRATION, INC.

Current Principal Place of Business:

500 LONGMEADOW STREET
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

500 LONGMEADOW STREET
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 20-1834357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WIGHT, RISA R
500 LONGMEADOW STREET
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

WIGHT, RISA A
500 LONGMEADOW STREET
CELEBRATION, FL 34747 US

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: RISA A. WIGHT 08/16/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WIGHT, RISA A
Address: 500 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP (X) Delete
Name: BAIRD, LISA
Address: 611 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747 US

Title: SECT ( ) Delete
Name: BUONCERVELLO, BECKY
Address: 815 SPRING PARK LOOP
City-St-Zip: CELEBRATION, FL 34747 US

Title: TREA (X) Delete
Name: FOWINKLE, TRACY
Address: 607 CANNE PLACE
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WIGHT, RISA A
Address: 500 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747 US

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

Title: S (X) Change ( ) Addition
Name: BUONCERVELLO, BECKY
Address: 502 MIRASOL CIRCLE, 103
City-St-Zip: CELEBRATION, FL 34747 US

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 Section 119.07(3)(i), 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: RISA A. WIGHT P 08/16/2005
Electronic Signature of Signing Officer or Director Date