


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90140 050 \*\*\*\*70.00

<b>DOCUMENT # N04000011376</b> 1. Entity Name <b>DEFUNIAK SPRINGS WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>106 S. 6TH ST. DEFUNIAK SPRINGS, FL 32435</b>			Mailing Address <b>106 S. 6TH ST. DEFUNIAK SPRINGS, FL 32435</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>10 ARCADIA AVE.</b>  Suite, Apt. #, etc.			
City & State  City: _____ State: _____		City & State <b>DEFUNIAK SPRINGS, FL</b>		4. FEI Number <b>56-2501234</b>	
Zip <b>32435</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HADDON, BETTE 10 ARCADIA AVE DEFUNIAK SPRINGS, FL 32435</b>				7. Name and Address of New Registered Agent  Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> Zip Code: _____	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOSPIL, DIANE</b> <b>5315 US HWY 331 S.</b> <b>DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOVEE, RICKIE</b> <b>5880 CO HWY 1883</b> <b>PONCE DE LEON, FL 32455</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAULETTE MORRISON</b> <b>620 CIRCLE DR</b> <b>DEFUNIAK SPRINGS, FL 32435</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUTLAND, BEA</b> <b>508 MAGNOLIA LAKE DR</b> <b>DEFUNIAK SPRINGS, FL 32433</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JEAN KITTELSON</b> <b>1365 BLUE POND LANE</b> <b>PONCE DE LEON, FL 32455</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HADDON, BETTE</b> <b>10 ARCADIA AVE</b> <b>DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Bette Haddon</u> BETTE HADDON, APRIL 4, 2006</b>					

850 892 4944