


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N04000011376 1. Entity Name DEFUNIAK SPRINGS WOMAN'S CLUB, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 106 S. 6TH ST. DEFUNIAK SPRINGS, FL 32435 | Mailing Address 10 ARCADIA AVE DEFUNIAK SPRINGS, FL 32435 |
|---|---|

DO NOT WRITE IN THIS SPACE

03312007 No Chg-NP CR2E037 (4/06)

| | |
|---|---|
| 4. FEI Number 56-2501234 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HADDON, BETTE
10 ARCADIA AVE
DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

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: Bette Haddon DATE: 3-31-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WOSPIL, DIANE 5315 US HWY 331 S. DEFUNIAK SPRINGS, FL 32435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MORRISON, PAULETTE 620 CIR DR DEFUNIAK SPRINGS, FL 32435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KITTELSON, JEAN 1365 BLUE POND LANE PONCE DE LEON, FL 32455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HADDON, BETTE 10 ARCADIA AVE DEFUNIAK SPRINGS, FL 32435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000690088
04/11/07-80061-013 70.00

DO NOT WRITE IN THIS SPACE

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: Bette Haddon 3-31-07 850 892-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #