

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 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



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

56-2501234

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDON, BETTE
10 ARCADIA AVE
DEFUNIAK SPRINGS FL 32435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Bette Haddon

4-2-08

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WOSPIL, DIANE
STREET ADDRESS 5315 US HWY 331 S.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE VP ☐ Delete
NAME MORRISON, PAULETTE
STREET ADDRESS 620 CIR DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE S ☐ Delete
NAME KITTELSON, JEAN
STREET ADDRESS 1365 BLUE POND LANE
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE T ☐ Delete
NAME HADDON, BETTE
STREET ADDRESS 10 ARCADIA AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-2-08 (850) 892-4944