

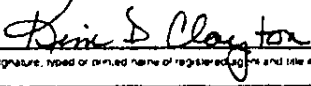
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90296 003 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000375			
1. Entity Name CAPITAL CITY WOMAN'S CLUB, INC.			
Principal Place of Business 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303		Mailing Address 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303	
2. Principal Place of Business		3. Mailing Address 4222 Ben Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee FL	
Zip	Country	Zip	Country
32303	U.S.A.	32303	U.S.A.
5. Name and Address of Current Registered Agent CLAYTON, KIM 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4222 Ben Blvd City Tallahassee FL Zip Code 32303	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, TERESA 3676 LOMA FARM RD. TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PAT 3213 WHITNEY DR. WEST TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, SUSAN 1316 WOODGATE WAY TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAENDER, BRUNETTA 6175 VERDURA WAY TALLAHASSEE, FL 32311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, KIM 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 6-7, 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:  Kim S. Clayton		Date 850-212-3930	