


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90003 020 ****61.25

DOCUMENT # N05000000375 1. Entity Name CAPITAL CITY WOMAN'S CLUB, INC.					
Principal Place of Business 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303			Mailing Address 4222 BEN BLVD TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # 4222 Ben Blvd		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State		4. FEI Number 20-2277839	
Zip 32303		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLAYTON, KIM 4222 BEN BLVD TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marianne Hunt, Treasurer 2001 Shady Oaks Drive Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PAT 3213 WHITNEY DR. WEST TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy Grainey, Secretary 300 Skate Drive Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, SUSAN 1316 WOODGATE WAY TALLAHASSEE, FL 32308	<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	D PFAENDER, BRUNETTA 6175 VERDURA WAY TALLAHASSEE, FL 32311	<input checked="" 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	D CLAYTON, KIM 4098 BLINDBROOK CT. TALLAHASSEE, FL 32303	<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	Peggy Grainey	<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.					
SIGNATURE: <u>Kim D. Clayton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/28/07 <small>Date</small>		850-212-3930 <small>Daytime Phone #</small>

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