

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90003 045 ****61.25

DOCUMENT # N05000000375					
1. Entity Name CAPITAL CITY WOMAN'S CLUB, INC.					
Principal Place of Business 4222 BEN BLVD TALLAHASSEE, FL 32303			Mailing Address 4222 BEN BLVD TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 14946			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL			
Zip	Country	Zip 32317	Country	4. FEI Number 20-2277839	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLAYTON, KIM 4222 BEN BLVD TALLAHASSEE, FL 32303			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 <i>Kim D. Clayton</i> Signature, typed or printed name of registered agent and title if applicable			DATE <i>1/31/08</i> DATE		
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 CLAYTON, KIM 4098 BLINDBROOK CRT TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNT, MARIANNE 2001 SHADY OAKS DR TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINEY, PEGGY 300 SKATE DR TALLAHASSEE, FL 32312	☐ 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 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: <i>Kim D. Clayton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>1/31/08</i> 850-212-3930 DATE Daytime Phone #		