

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 019 ****70.00

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1. Entity Name

BRADFORD COUNTY COMMUNITY WOMEN, INC.



Principal Place of Business

Mailing Address

969 GRAND STREET
STARKE FL 32091

969 GRAND STREET
STARKE FL 32091

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

4. FEI Number

20-2224549

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREWS, ANGELIA
969 GRAND STREET
STARKE FL 32091

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 D ☐ Delete
NAME CREWS, ANGELIA
STREET ADDRESS 969 GRAND STREET
CITY-STATE-ZIP STARKE FL 32091

TITLE D ☐ Change ☒ Addition
NAME FITZPATRICK, SARAH LEE
STREET ADDRESS 969 GRAND STREET
CITY-STATE-ZIP STARKE FL 32091

TITLE D ☒ Delete
NAME CRAGG, JENNA
STREET ADDRESS 969 GRAND STREET
CITY-STATE-ZIP STARKE FL 32091

TITLE D ☐ Change ☒ Addition
NAME PENNELL, JAMIE
STREET ADDRESS 969 GRAND ST.
CITY-STATE-ZIP STARKE FL 32091

TITLE D- ☒ Delete
NAME FITZPATRICK, MI YONG
STREET ADDRESS 969 GRAND STREET
CITY-STATE-ZIP STARKE FL 32091

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Angelia F. Crews* Angelia F. Crews 1/27/07 (352)235-2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #