2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N05000000622

Entity Name: BRADFORD COUNTY COMMUNITY WOMEN, INC.

Current Principal Place of Business:

969 GRAND STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

969 GRAND STREET
STARKE, FL 32091

New Mailing Address:

FEI Number: 20-2224549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CREWS, ANGELIA
969 GRAND STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CREWS, ANGELIA
Address: 969 GRAND STREET
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: FITZPATRICK, SARAH LEE
Address: 969 GRAND STREET
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: FENNELL, JAMIE
Address: 969 GRAND STREET
City-St-Zip: STARKE, FL 32091

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FENNELL, JAMIE
Address: 1003 W MADISON STREET
City-St-Zip: STARKE, FL 32091

Title: D ( ) Change (X) Addition
Name: FITZPATRICK, MERIDETH
Address: 1021 W PRATT STREET
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIA CREWS D 03/04/2008

Electronic Signature of Signing Officer or Director — Date