

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000622

FILED  
Mar 15, 2011  
Secretary of State

**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:**

P.O. BOX 1350  
STARKE, FL 32091

**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  
**Name:** CREWS, ANGELIA  
**Address:** P.O. BOX 1350  
**City-St-Zip:** STARKE, FL 32091

**Title:** D  
**Name:** FITZPATRICK, SARAH LEE  
**Address:** P.O. BOX 1350  
**City-St-Zip:** STARKE, FL 32091

**Title:** D  
**Name:** PREVATT, KAITLYN  
**Address:** 150 SW GARDEN ST.  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656

**Title:** D  
**Name:** FITZPATRICK, MERIDETH  
**Address:** 9440 MYRTLE CREEK LN  
**City-St-Zip:** ORLANDO, FL 32832

I hereby 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 all other like empowered.

**SIGNATURE:** ANGELIA CREWS

D

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date