

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90007 034 \*\*\*\*70.00

**DOCUMENT # N05000001352**

1. Entity Name  
**POLK COUNTY, FL. CHAPTER OF THE EXECUTIVE  
WOMEN'S ASSOCIATION, INC.**



Principal Place of Business  
**1606 TALL PINE TRAIL  
LAKELAND, FL 33810-0186**

Mailing Address  
**1606 TALL PINE TRAIL  
LAKELAND, FL 33810-0186**

40044040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number

**51-0549953**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, CAROLYN  
1000 AVE. G. N.E.  
WINTER HAVEN, FL 33881**

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

**CAROLYN SCHMIDT, TREASURER, Carolyn Schmidt 4/3/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**DP  
LINEBERGER, JANIE  
1606 TALL PINE TRAIL  
LAKELAND, FL 338100186** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
CREEDON, SHARON  
1606 TALL PINE TRAIL  
LAKELAND, FL 338100186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
CORINNE WINTERS  
6507 BRISTOL OAKS DR.  
LAKELAND, FL 33811-1619** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
MATHEWS, MARSHA  
1606 TALL PINE TRAIL  
LAKELAND, FL 338100186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
JAN SHIMER  
6027 GRAND OAKS DR. S.E.  
WINTER HAVEN, FL 33884-2712** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
SCHMIDT, CAROLYN  
1606 TALL PINE TRAIL  
LAKELAND, FL 338100186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**(SAME)  
1000 AVE. G.N.E.  
WINTER HAVEN, FL 33881** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

**CAROLYN SCHMIDT, Treasurer Carolyn Schmidt 4/3/06 863-293-7229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #