

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 016 ****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			
2. Principal Place of Business - No P.O. Box # 6507 BRISTOL OAKS DR.		3. Mailing Address 6507 BRISTOL OAKS DR				
Suite, Apt. #, etc. LAKELAND		Suite, Apt. #, etc.				
City & State FL.		City & State LAKELAND, FL.		4. FEI Number 51-0549958		
Zip 33811-1619		Country USA		Applied For <input type="checkbox"/> Not Applicable		
Zip 33811-1619		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHMIDT, CAROLYN 1000 AVE. G. N.E. WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP	NAME LINEBERGER, JANIE		<input type="checkbox"/> Delete	TITLE PRESIDENT	NAME CORINNE WINTERS	
STREET ADDRESS 1606 TALL PINE TRAIL	LAKELAND, FL 338100186		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 6507 BRISTOL OAKS DR	LAKELAND, FL. 33811-1619	
CITY-ST-ZIP LAKELAND, FL 338100186			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP LAKELAND, FL. 33811-1619		
TITLE VP	NAME WINTERS, CORINNE		<input type="checkbox"/> Delete	TITLE 	NAME VACANT	
STREET ADDRESS 6507 BRISTOL OAKS DR	LAKELAND, FL 338111619		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	SAME	
CITY-ST-ZIP LAKELAND, FL 338111619			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 	SAME	
TITLE S	NAME SHIMER, JAN		<input type="checkbox"/> Delete	TITLE 	NAME SAME	
STREET ADDRESS 6027 GRAND OAKS DR SE	WINTER HAVEN, FL 338842712		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	SAME	
CITY-ST-ZIP WINTER HAVEN, FL 338842712			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 	SAME	
TITLE DT	NAME SCHMIDT, CAROLYN		<input type="checkbox"/> Delete	TITLE 	NAME SAME	
STREET ADDRESS 1000 AVE GNE	WINTER HAVEN, FL 33881		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	SAME	
CITY-ST-ZIP WINTER HAVEN, FL 33881			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 	SAME	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP 		
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>Carolyn Schmidt</i>				4/11/07		863-293-7029
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>		