

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 017 ****70.00

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



Principal Place of Business
**6507 BRISTOL OAKS DR
LAKELAND, FL 33811**

Mailing Address
**6507 BRISTOL OAKS DR
LAKELAND, FL 33811**

2. Principal Place of Business - No P.O. Box #
274 Hernando Rd.

3. Mailing Address
274 Hernando Rd.

Suite, Apt. #, etc.
WINTER HAVEN, FL.

Suite, Apt. #, etc.
WINTER HAVEN, FL.

City & State

City & State

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0549958

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip
33884-1026

Country
POLK

Zip
33884-1026

Country
POLK

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

Carolyn Schmidt

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

(NOTE: Registered Agent signature required when reinstating)

1/11/08

(DATE)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE NAME	DP LINEBERGER, JANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1606 TALL PINE TRAIL	
CITY-ST-ZIP	LAKELAND, FL 338100186	
TITLE NAME	VP WINTERS, CORINNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6507 BRISTOL OAKS DR	
CITY-ST-ZIP	LAKELAND, FL 338111619	
TITLE NAME	S SHIMER, JAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6027 GRAND OAKS DR SE	
CITY-ST-ZIP	WINTER HAVEN, FL 338842712	
TITLE NAME	DT SCHMIDT, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	1000 AVE GNE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE NAME	P WINTERS, CORINNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6507 BRISTOL OAKS DR	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President LINDA Eirich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	274 Hernando Rd.	
CITY-ST-ZIP	Winter Haven, FL. 33884-1026	
TITLE NAME	VICE-President SHARON Creedon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 1019	
CITY-ST-ZIP	LAKE HAMILTON, FL. 33851-0007	
TITLE NAME	Secretary Lynnda Bush	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4224 LAKE MARIANNA DR.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881-9004	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: *Carolyn Schmidt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

(Date)

863-293-7229

Daytime Phone #