2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001352

FILED Jan 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

274 HERNANDO RD 1000 AVE G NE

WINTER HAVEN, FL 338841026 WINTER HAVEN, FL 33881 US

Current Mailing Address: New Mailing Address:

274 HERNANDO RD 1000 AVE G NE

WINTER HAVEN, FL 338841026 WINTER HAVEN, FL 33881 US

FEI Number: 51-0549958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMIDT, CAROLYN MERSCH, CHERYL

1000 AVE. G. N.E. 333 LK. HOWARD DR NW 111-B WINTER HAVEN, FL 33881 US WINTER HAVEN, FL 33880 US

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: CHERYL MERSCH 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 EIRICH, LINDA
 Name:
 SCHMIDT, CAROLYN

 Address:
 274 HERNANDO RD
 Address:
 1000 AVE G NE

City-St-Zip: WINTER HAVEN, FL 338841026 City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 CREEDON, SHARON
 Name:
 LOVIZIO, CHRISTINE

 Address:
 POB 1019
 Address:
 118 DORADO CT

City-St-Zip: LAKE HAMILTON, FL 338510007 City-St-Zip: DAVENPORT, FL 33896 US

Title: S () Delete Title: S (X) Change () Addition Name: BUSH, LYNDA Name: KAMPMAN, KATHY

Address: 4224 LAKE MARIANNA DR Address: 111 RUBY LK DR

City-St-Zip: WINTER HAVEN, FL 338819004 City-St-Zip: WINTER HAVEN, FL 33884 US

Name: SCHMIDT, CAROLYN Name: MERSCH, CHERYL

 Address:
 1000 AVE GNE
 Address:
 333 LK HOWARD DR NW 111-B

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 WINTER HAVEN, FL 33880 US

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: CHERYL MERSCH DT 01/15/2009