

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05073

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE ROSELAND WOMEN'S CLUB, INCORPORATED

Current Principal Place of Business:

12973 BAY ST. BOX 342
ROSELAND, FL 32957

New Principal Place of Business:

Current Mailing Address:

12973 BAY ST.
P O BOX 342
ROSELAND, FL 32957

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, ELAINE K
13035 BAY STREET, BOX 52
ROSELAND, FL 32957 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: T () Delete
Name: JOHNSON, ELAINE K
Address: 13035 BAY STREET, P O BOX 52
City-St-Zip: ROSELAND, FL 32957

Title: D () Delete
Name: HOLDSWORTH, MURIEL
Address: P.O. BOX 238
City-St-Zip: ROSELAND, FL 32957

Title: S () Delete
Name: MCNUTT, DORIS
Address: 1191 BLOSSOM DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: CARVEY, WYNNE
Address: 8105 129TH COURT, BOX 175
City-St-Zip: ROSELAND, FL 32957

Title: P () Delete
Name: DI FAZIO, DOROTHY
Address: 305 PAPAYA CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D () Delete
Name: HANKS, WINONA
Address: P.O. BOX 386
City-St-Zip: ROSELAND, FL 32957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELAINE K. JOHNSON

T

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date