

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006190

FILED
Apr 10, 2009
Secretary of State

Entity Name: EMPLOYEES CLUB OF THE CITY OF WEWAHITCHKA, INC.

Current Principal Place of Business:

109 SOUTH SECOND STREET
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 966
WEWAHITCHKA, FL 32465 US

New Mailing Address:

P.O. BOX 966
WEWAHITCHKA, FL 32465

FEI Number: 76-0830067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXLEY, GWEN
137 WEST CHURCH AVENUE
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

EXLEY, GWEN
109 SOUTH SECOND STREET
WEWAHITCHKA, FL 32465 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: GWEN EXLEY

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: WADE, WENMAN H
Address: 5457 SOUTH HIGHWAY 71
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: VP/D () Delete
Name: MCMILLION, RICKY L
Address: 440 LAKE GROVE ROAD
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: SD () Delete
Name: EXLEY, GWEN
Address: 137 WEST CHURCH AVENUE
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: TD () Delete
Name: PARRISH, CONNIE
Address: 241 CORN GRIFFIN STREET
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WADE, WENMAN H
Address: 109 SOUTH SECOND STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: VP/D (X) Change () Addition
Name: MCMILLION, RICKY L
Address: 109 SOUTH SECOND STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: SD (X) Change () Addition
Name: EXLEY, GWEN
Address: 109 SOUTH SECOND STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: TD (X) Change () Addition
Name: PARRISH, CONNIE
Address: 109 SOUTH SECOND STREET
City-St-Zip: WEWAHITCHKA, FL 32465

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: GWEN EXLEY

SD

04/10/2009

Electronic Signature of Signing Officer or Director

Date