


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90121 011 ****70.00

DOCUMENT # N07000011388	
1. Entity Name WOMENS CLUB BINGO OF INDIAN SHORES, FL INC.	

Principal Place of Business 19531 GULF BLVD. #416 INDIAN SHORES, FL 33785 US	Mailing Address 19531 GULF BLVD. #416 INDIAN SHORES, FL 33785 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40081566



04032008 Chg-NP CR2E037 (12/06)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
CLAUSEN, MARLENE PRES. 19531 GULF BLVD. #416 INDIAN SHORES, FL 33785	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUSEN, MARLENE 19531 GULF BLVD. #416 INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWK, JANE 1201 SEMINOLE BLVD. #351 LARGO, FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREY, PATTI 724 FIRST ST. #1 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOULDERS, PEGGY 19222 GULF BLVD. INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marlene Clausen* **Marlene Clausen** 4/4/08 **596-3401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



[Home](#)

[Contact Us](#)

[E-Filing Services](#)

[Document Searches](#)

[Forms](#)

[Help](#)

2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number N07000011388

Business Entity Name WOMENS CLUB BINGO OF INDIAN SHORES, FL INC.

Original File Date 11/27/2007

FEI Number

Principal Address 19531 GULF BLVD.
#416
INDIAN SHORES, FL 33785 US

Mailing Address 19531 GULF BLVD.
#416
INDIAN SHORES, FL 33785 US

Registered Agent PRES. MARLENE CLAUSEN
19531 GULF BLVD.
#416
INDIAN SHORES, FL 33785 US

Officer/Director Name And Address

P
MARLENE CLAUSEN
19531 GULF BLVD. #416
INDIAN SHORES, FL 33785 US

VP
JANE HAWK
1201 SEMINOLE BLVD. #351
LARGO, FL 33770 US

S
PATTI FREY
724 FIRST ST. #1
INDIAN ROCKS BEACH, FL 33785 US

T
PEGGY SHOULDERS
19222 GULF BLVD.
INDIAN SHORES, FL 33785 US