

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 016 ****61.25

DOCUMENT # N07853

1. Entity Name

CEDAR KEY WOMAN'S CLUB, INC.



Principal Place of Business

7391 SW SR 24
2105 EAST HWY. 24
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 631
CEDAR KEY FL 32625

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

7391 SW SR 24

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 631

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

Zip
32625

Country
USA

City & State

CEDAR KEY, FL

Zip
32625

Country
USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

HENDRIX, JANET
12870 JERNIGAN AVE
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name

JANET HENDRIX

Street Address (P.O. Box Number is Not Acceptable)

12870 JERNIGAN Avenue

City

CEDAR KEY

FL

Zip Code

32625

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

Janet Hendrix, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

07-12-07

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	HENDRIX, JANET	
STREET ADDRESS	12870 JERNIGAN AVE	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	1V	<input type="checkbox"/> Delete
NAME	ASBURY, BETTY	
STREET ADDRESS	16951 SW 133RD ST	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	BAYHA, MILLIE	
STREET ADDRESS	POB 526	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, MARIE	
STREET ADDRESS	POB 406	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUVALL, JUDY	
STREET ADDRESS	POB 310	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janet S Hendrix, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07 352543-6837

Date

Daytime Phone #