

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002963

FILED
May 01, 2009
Secretary of State

Entity Name: THE LAST WIVES CLUB, INC.

Current Principal Place of Business:

3546 KINGSBURY DRIVE
HOLIDAY, FL 346911413

New Principal Place of Business:

Current Mailing Address:

3546 KINGSBURY DRIVE
HOLIDAY, FL 346911413

New Mailing Address:

FEI Number: 32-0042795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREGGORY, BERNADETTE
3546 KINGSBURY DRIVE
HOLIDAY, FL 346911413 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREGGORY, BERNADETTE
Address: 3546 KINGSBURY DRIVE
City-St-Zip: HOLIDAY, FL 346911413

Title: D () Delete
Name: LANE, LORRAINE
Address: 15035 RED BLOOM PLACE
City-St-Zip: BROOKSVILLE, FL 34604

Title: D () Delete
Name: LANE, LORRAINE
Address: 545 KIRKLAND CIRCLE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MCFARLANE, HUGH
Address: 1700 63RD AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: STOCKTON, RICHARD
Address: 50 NORTH LAURA STREET STE 3900
City-St-Zip: JACKSONVILLE, FL 32202

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
Name:
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: BERNADETTE GREGGORY

ED

05/01/2009

Electronic Signature of Signing Officer or Director

Date