2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N08000003236

Entity Name: NORTH PORT AREA WOMEN'S CLUB INCORPORATED

Current Principal Place of Business:

14415 ZAGROBELNY WAY
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

PO BOX 7085
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-4089656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCEIL, JUDITH A
4601 MACCAUGHY DR
NORTH PORT, FL 34287 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: P ( ) Delete
Name: GRECO, DENISE
Address: 3970 ALBIN AVE
City-St-Zip: NORTH PORT, FL 34286

Title: DV ( ) Delete
Name: KELLY, CHARLOTTE O
Address: 4597 TARGEE AVE
City-St-Zip: NORTH PORT, FL 34287

Title: DS ( ) Delete
Name: CAMPBELL, SUE
Address: 3625 JUNCTION ST
City-St-Zip: NORTH PORT, FL 34288

Title: DT ( ) Delete
Name: LEWIS, VIRGINIA
Address: 4729 GLORANO AVE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: BAILEY, VICKI
Address: 282 LOGSDON ST.
City-St-Zip: NORTH PORT, FL 34287

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: VIRGINIA LEWIS DT 04/02/2009

Electronic Signature of Signing Officer or Director — Date