

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003236

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: GRECO, DENISE  
Address: 3970 ALBIN AVE  
City-St-Zip: NORTH PORT, FL 34286

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

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

Title: DT  
Name: FUNK, KIMBERLY  
Address: 2900 EGRET COURT  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY FUNK

DT

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date