

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003236

FILED
Feb 21, 2011
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:

FUNK, KIMBERLY
2900 EGRET COURT
NORTH PORT, FL 34287 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: KIMBERLY FUNK

02/21/2011

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: CAMPBELL, BETH
Address: 3640 JADE STREET
City-St-Zip: NORTH PORT, FL 34288

Title: DS
Name: AMBRECHT, SUSANN
Address: 4114 HAMWOOD ST
City-St-Zip: NORTH PORT, FL 34287

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

02/21/2011

Electronic Signature of Signing Officer or Director

Date