

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003236

**FILED**  
**Mar 29, 2012**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GROSS, BARBARA  
6468 SAFFORD TERRACE  
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: BARBARA GROSS

03/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCALISTER, ELAINE  
Address: 2968 N. CRANBERRY BLVD  
City-St-Zip: NORTH PORT, FL 34286

Title: VP  
Name: GINN, MELLISA  
Address: 1181 S. SUMTER BLVD #303  
City-St-Zip: NORTH PORT, FL 34287

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

Title: T  
Name: GROSS, BARBARA  
Address: 6468 SAFFORD TERRACE  
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: BARBARA GROSS

T

03/29/2012

Electronic Signature of Signing Officer or Director

Date