

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003247

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** WOMEN'S COUNCIL OF REALTORS, MANATEE CHAPTER, INC.

**Current Principal Place of Business:**

210 7TH STREET WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 246  
PALMETTO, FL 342200246

**New Mailing Address:**

PO BOX 1344  
PALMETTO, FL 34220

**FEI Number:** 26-1637078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

F & T BOOKKEEPING SERVICES  
210 7TH STREET WEST  
PALMETTO, FL 34221 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: MCCLARY, PAT  
Address: PO BOX 246  
City-St-Zip: PALMETTO, FL 34220

Title: PE ( ) Delete  
Name: CRUZ, KRISTIN  
Address: 908 RIVERSIDE DR  
City-St-Zip: PALMETTO, FL 34221

Title: S ( ) Delete  
Name: FRIEDLANDER, PAUL  
Address: 5989 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL

Title: T ( ) Delete  
Name: BUTLER, FAYE  
Address: 1612 18TH AVENUE E  
City-St-Zip: PALMETTO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CRUZ, KRISTIN  
Address: PO BOX 1344  
City-St-Zip: PALMETTO, FL 34220

Title: PE (X) Change ( ) Addition  
Name: VILLARS, SHARON  
Address: 908 RIVERSIDE DR  
City-St-Zip: PALMETTO, FL 34221

Title: S (X) Change ( ) Addition  
Name: RICHARDSON, SHERRY  
Address: PO BOX 1344  
City-St-Zip: PALMETTO, FL 34220

Title: T (X) Change ( ) Addition  
Name: BUTLER, FAYE  
Address: 1612 18TH AVENUE E  
City-St-Zip: PALMETTO, FL 34221

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: FAYE BUTLER

T

03/20/2009

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

\_\_\_\_\_  
Date