

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005519

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CALOOSA FEDERATED REPUBLICAN WOMEN, CORP.

**Current Principal Place of Business:**

481 CALOOSA ESTATES DR.  
LABELLE, FL 33935

**New Principal Place of Business:**

505 WEST HICKPOOCHEE AVE.  
STE 200 / 119  
LABELLE, FL 33935

**Current Mailing Address:**

505 W HICKPOCHEE AVE.  
STE 200 / 119  
LABELLE, FL 33935

**New Mailing Address:**

505 WEST HICKPOOCHEE AVE.  
STE 200 / 119  
LABELLE, FL 33935

**FEI Number:** 80-0555438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARTLETT, MARIANNE  
481 CALOOSA ESTATES DR.  
LABELLE, FL 33935 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:** PRES  
**Name:** BARTLETT, MARIANNE I  
**Address:** 481 CALOOSA ESTATES DR  
**City-St-Zip:** LABELLE, FL 33935

**Title:** 1 VP  
**Name:** ELEY, LISA  
**Address:** 3272 CR 721  
**City-St-Zip:** MOORE HAVEN, FL 33471

**Title:** 2 VP  
**Name:** SPRY, FRANCIS  
**Address:** 702 W AVENIDA EL RIO  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** TREA  
**Name:** SPRY, FRANCIS  
**Address:** 702 W AVENIDA DEL RIO  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** SEC  
**Name:** CHAMBERLAIN, NINA  
**Address:** 125 WEST DEL MONTE AVE  
**City-St-Zip:** CLEWISTON, FL 33440

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:** MARIANNE BARTLETT

PRES

04/30/2012

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

\_\_\_\_\_  
Date