

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13211

FILED
Feb 07, 2006
Secretary of State

Entity Name: GILCHRIST COUNTY WOMAN'S CLUB INC.

Current Principal Place of Business:

819 SE COUNTY ROAD 339
P.O. BOX 751
TRENTON, FL 326937751 US

New Principal Place of Business:

Current Mailing Address:

819 SE COUNTY ROAD 339
P.O. BOX 751
TRENTON, FL 326937751 US

New Mailing Address:

FEI Number: 59-3355610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, LOIS W
P. O. BOX 1079
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

HAYES, DONNA M
819 SE COUNTY RD 339
TRENTON, FL 32693 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: DONNA HAYES

02/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, LOIS
Address: PO BOX 1079
City-St-Zip: TRENTON, FL 32693

Title: T () Delete
Name: MARLOWE, SELMA
Address: 1890 NW 167 PL
City-St-Zip: TRENTON, FL 32693

Title: SD (X) Delete
Name: ROBERTS, SYLVIA
Address: 3449 SW 47TH CT.
City-St-Zip: BELL, FL 32619

Title: VP (X) Delete
Name: BARD, SHARON
Address: 5900 NW 55TH ST.
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARD, SHARON
Address: 5900 NW 55TH ST
City-St-Zip: BELL, FL 32619 US

Title: T (X) Change () Addition
Name: HAYES, DONNA
Address: P O BOX 751
City-St-Zip: TRENTON, FL 32693 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA HAYES

T

02/07/2006

Electronic Signature of Signing Officer or Director

Date