2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2007 8:00 am
Secretary of State
02-02-2007 90013 030 ****61.25

DOCUMENT # N13211

1. Entity Name
GILCHRIST COUNTY WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
819 SE COUNTY ROAD 339 P.O. BOX 751 TRENTON, FL 32693-7751 US	819 SE COUNTY ROAD 339 P.O. BOX 751 TRENTON, FL 32693-7751 US

DO NOT WRITE IN THIS SPACE

01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3355610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARD, SHARON
STREET ADDRESS	5900 NW 55TH ST
CITY-ST-ZIP	BELL, FL 32619
TITLE	T
NAME	HAYES, DONNA
STREET ADDRESS	P O BOX 751
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Hayes 2-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #