

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13211

FILED
Mar 24, 2009
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:

819 SE COUNTY ROAD 339
TRENTON, FL 326937751 US

Current Mailing Address:

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

New Mailing Address:

P O BOX 751
TRENTON, FL 326937751 US

FEI Number: 59-3355610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, DONNA M
819 SE COUNTY RD 339
TRENTON, FL 32693 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: PD () Delete
Name: BARD, SHARON
Address: 5900 NW 55TH ST
City-St-Zip: BELL, FL 32619 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: HAYES, DONNA
Address: 2559 SE 48TH AV
City-St-Zip: TRENTON, FL 32693 US

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: DONNA HAYES

TREA

03/24/2009

Electronic Signature of Signing Officer or Director

Date