


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90286 012 ****70.00

DOCUMENT # N14116
 1. Entity Name,
THE WOMAN'S CLUB OF JASPER, INC.



Principal Place of Business Mailing Address
C/O MARION TURNER **12613 S. E. 50TH DR.**
403 NW 6TH AVENUE **JASPER FL 32052**
JASPER FL 32052

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2669562** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TURNER, MARION
407 S.E. 7TH STREET
JASPER FL 32052

7. Name and Address of New Registered Agent
 Name **Horne, Verna M**
 Street Address (P.O. Box Number is Not Acceptable)
410 Vickers Ct.
 City **JASPER** FL Zip Code **32052**

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 *Verna M. Horne* (NOTE: Registered Agent signature required when reappointing) DATE 04-07-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, RICKI 11496 SE 41ST TRAIL JASPER FL 32052 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROLL, MARSHA P.O. BOX 228 JASPER FL 32052 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, SALLY M 20 8TH ST JASPER FL 32052 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, EMILY 126 13 SE 50TH DR. JASPER FL 32052 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUDDLTON, CYNTHIA 5196 WHOTE WATER RD VALDOSTA GA 31601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, VERNA M 410 VICKERS CT JASPER FL 32052 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Alice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 PARK LANE JASPER FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MYDDLETON, CYNTHIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5196 WHITE WATER RD. VALDOSTA, Ga. 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Emily M. Anderson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #