


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90070 031 ****61.25

DOCUMENT # N14116			
1. Entity Name THE WOMAN'S CLUB OF JASPER, INC.			
Principal Place of Business C/O MARION TURNER 403 NW 6TH AVENUE JASPER FL 32052		Mailing Address 12613 S. E. 50TH DR. JASPER FL 32052	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2669562		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HORNE, VERNA M 410 VICKERS CT. JASPER FL 32052		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: KENNEDY, RICKI STREET ADDRESS: 11496 SE 41ST TRAIL CITY-ST-ZIP: JASPER FL 32052	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GROLL, MARSHA STREET ADDRESS: P.O. BOX 228 CITY-ST-ZIP: JASPER FL 32052	<input checked="" type="checkbox"/> Delete	TITLE: SO NAME: Miller, Joyce STREET ADDRESS: 7220 US Highway 29 S. CITY-ST-ZIP: Jasper, FL 32052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JONES, ALICE STREET ADDRESS: 1120 PARK LANE CITY-ST-ZIP: JASPER FL 32052	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ANDERSON, EMILY STREET ADDRESS: 126 13 SE 50TH DR. CITY-ST-ZIP: JASPER FL 32052	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP misspelled Myddelton NAME: (MUDDLTON) CYNTHIA STREET ADDRESS: 5196 WHITE WATER RD CITY-ST-ZIP: VALDOSTA GA 31601	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: HORNE, VERNA M STREET ADDRESS: 410 VICKERS CT CITY-ST-ZIP: JASPER FL 32052	<input type="checkbox"/> Delete	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 **4-12-07** **1-386-792-2486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #