


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90015 007 \*\*\*\*70.00

<b>DOCUMENT # N14116</b>					
1. Entity Name <b>THE WOMAN'S CLUB OF JASPER, INC.</b>					
Principal Place of Business <b>C/O MARION TURNER 403 NW 6TH AVENUE JASPER FL 32052</b>			Mailing Address <b>12613 S. E. 50TH DR. JASPER FL 32052</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2669562</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>HORNE, VERNA M 410 VICKERS CT. JASPER FL 32052</b>		Name <b>Florence E. Kennedy</b>			
		Street Address (P.O. Box Number is Not Acceptable) <b>11496 S.E. 41st Trail</b>			
		City <b>JASPER</b>			
		State <b>FL</b>		Zip Code <b>32052</b>	
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 <i>Florence E. Kennedy</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sue mc INNIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, RICKI		NAME	P.O. BOX 864	
STREET ADDRESS	11496 SE 41ST TRAIL		STREET ADDRESS	JASPER, FL. 32052	
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	NANCY COZORT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOYCE		NAME	128 10th ST. S.W.	
STREET ADDRESS	7220 US HWY 29 SOUTH		STREET ADDRESS	JASPER, FL. 32052	
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALICE		NAME		
STREET ADDRESS	1120 PARK LANE		STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EMILY		NAME		
STREET ADDRESS	126 13 SE 50TH DR.		STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Gloria Bridges	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDDELTON, CYNTHIA		NAME	P.O. BOX 391	
STREET ADDRESS	5196 WHITE WATER RD		STREET ADDRESS	JASPER, FL. 32052	
CITY-ST-ZIP	VALDOSTA GA 31601		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Florence E. Kennedy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, VERNA M		NAME	11496 S.E. 41st Trail	
STREET ADDRESS	410 VICKERS CT		STREET ADDRESS	JASPER, FL. 32052	
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		

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*

4-25-08 386.792.2486