

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N14116

Entity Name: THE WOMAN'S CLUB OF JASPER, INC.

Current Principal Place of Business:

C/O MARION TURNER
403 NW 6TH AVENUE
JASPER, FL 32052

New Principal Place of Business:

FLORENCE KENNEDY
11496 SE 41ST TRAIL
JASPER, FL 32052

Current Mailing Address:

12613 S. E. 50TH DR.
JASPER, FL 32052

New Mailing Address:

FLORENCE KENNEDY
11496 SE 41ST TRAIL
JASPER, FL 32052

FEI Number: 59-2669562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, FLORENCE E
11496 S E 41ST TRAIL
JASPER, FL 32052 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: D () Delete
Name: MCINNIS, SUE
Address: PO BOX 864
City-St-Zip: JASPER, FL 32052

Title: SD () Delete
Name: COZORT, NANCY
Address: 128 10TH STREET, SOUTHWEST
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: JONES, ALICE
Address: 1120 PARK LANE
City-St-Zip: JASPER, FL 32052

Title: TD () Delete
Name: ANDERSON, EMILY
Address: 126 13 SE 50TH DR.
City-St-Zip: JASPER, FL 32052

Title: VP () Delete
Name: BRIDGES, GLORIA
Address: PO BOX 391
City-St-Zip: JASPER, FL 32052

Title: P () Delete
Name: KENNEDY, FLORENCE E
Address: 11496 S E 41ST TRAIL
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DANIELS, BETTY
Address: 11623 SE 50TH DRIVE
City-St-Zip: JASPER, FL 32052

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

Title: VP (X) Change () Addition
Name: JONES, ALICE
Address: 1120 PARK LANE
City-St-Zip: JASPER, FL 32052

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

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: FLORENCE KENNEDY

P

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date