

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22948

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** HEATHROW WOMENS CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 950145  
LAKE MARY, FL 32795 US

**New Principal Place of Business:**

358 DEVON PLACE  
HEATHROW, FL 32746 US

**Current Mailing Address:**

P.O. BOX 950145  
LAKE MARY, FL 32795 US

**New Mailing Address:**

358 DEVON PLACE  
HEATHROW, FL 32746 US

**FEI Number:** 59-3018528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, CONNIE  
358 DEVON PLACE  
HEATHROW, FL 32746 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: TD ( ) Delete  
Name: MCDONALD, CONNIE  
Address: 358 DEVON PLACE  
City-St-Zip: HEATHROW, FL 32746

Title: PD ( ) Delete  
Name: PHILPOTT, TONY  
Address: 630 LAKEWORTH CIRCLE  
City-St-Zip: HEATHROW, FL 32746

Title: VPD ( ) Delete  
Name: DARRAH, PATRICE  
Address: 1627 CHERRY RIDE DRIVE  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: DARRAH, PATRICE  
Address: 1627 CHERRY RIDGE DRIVE  
City-St-Zip: HEATHROW, FL 32746

Title: VPD (X) Change ( ) Addition  
Name: HALCROW, MARTHA  
Address: 6242 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771

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: CONNIE MCDONALD

TD

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date