

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24612

FILED
Mar 10, 2009
Secretary of State

Entity Name: WOMAN'S CLUB OF HIALEAH, INC.

Current Principal Place of Business:

525 WEST FIRST AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111707
HIALEAH, FL 330111707 US

New Mailing Address:

FEI Number: 59-0224520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, RAMONA
16221 EAST TROON CIRCLE
MIAMI LAKES, FL 33014 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: WINGETT, MARY
Address: 6510 WEST 5TH PLACE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: HUDSON, SHIRLEY
Address: 8085 WEST 14TH AVENUE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: THOMPSON, RAMONA
Address: 16221 EAST TROON CIRCLE
City-St-Zip: MIAMI LAKES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SHIRLEY M. HUDSON

DIRE

03/10/2009

Electronic Signature of Signing Officer or Director

Date