

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

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

02-23-2007 90040 014 ****61.25

DOCUMENT # N27304

1. Entity Name

MELROSE WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

PINE STREET
MELROSE FL 32666
US

P.O. BOX 234
MELROSE FL 32666
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2811880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, PAT
6414 BUCKNELL AVENUE
KEYSTONE HEIGHTS FL 32656

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

Pat Simpson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS 6414 BUCKNELL AVENUE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME FVPD
STREET ADDRESS PATTERSON, CLARA
CITY-ST-ZIP 8157 MERIDAN RD
KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME VPD
STREET ADDRESS BUFFINTON, FRAN
CITY-ST-ZIP 1455 SO LAWRENCE BLVD
KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME D
STREET ADDRESS MARROW, MARILYN
CITY-ST-ZIP 6514 WOODLAND DRIVE
KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME SD
STREET ADDRESS TOMLINSON, DARLENE
CITY-ST-ZIP 235 S W AZALEA PL
KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME TD
STREET ADDRESS FRANZEN, MABLE
CITY-ST-ZIP 392 S.E. FOURTH AVENUE
MELROSE FL 32666

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME FVPD
STREET ADDRESS Eva Wahlstrom
CITY-ST-ZIP PO Box 717
Melrose, FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Mary Kennedy
CITY-ST-ZIP 6291 3rd Avenue
Keystone Heights, FL 32656

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS MARILYN Morrow
CITY-ST-ZIP 6514 Woodland Dr.
Keystone Heights FL 32656

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:

Marilyn Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-473-9265