

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27304

FILED
Mar 22, 2009
Secretary of State

Entity Name: MELROSE WOMAN'S CLUB, INC.

Current Principal Place of Business:

PINE STREET
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 234
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 59-2811880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, PAT
6414 BUCKNELL AVENUE
KEYSTONE HEIGHTS, FL 32656 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: P () Delete
Name: SIMPSON, PAT
Address: 6414 BUCKNELL AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: FVPD () Delete
Name: BUFFINGTON, FRAN
Address: 1455 SO LAWRENCE BLVD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VPD () Delete
Name: MCELROY, ROBERTA
Address: 127 SILVER DOLLAR DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: MCCLOUD, SANDRA
Address: 5672 SILVER SANDS DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD () Delete
Name: TOMLINSON, DARLENE
Address: 235 S W AZALEA PL
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD () Delete
Name: MORROW, MARILYN
Address: 6514 WOODLAND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: GEORGE, NETTIE
Address: 6311 5TH AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change () Addition
Name: WAHLSTROM, EVA
Address: P.O. BOX 370 LOT #270
City-St-Zip: ORANGE LAKE, FL 32681

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: PAT SIMPSON

PRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date