


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 038 ****61.25

DOCUMENT # N35624 1. Entity Name THE WOMAN'S CLUB OF EUSTIS, INC.					
Principal Place of Business 227 N CENTER ST EUSTIS, FL 32726 US			Mailing Address P O BOX 572 EUSTIS, FL 32727 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0757330				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEATTY, SANDRA 36707 ANTONE DR GRAND ISLAND, FL 32735			Name Patricia G. Bagg Street Address (P.O. Box Number is Not Acceptable) 2681 E. Washington Ave. #18 City Eustis FL Zip Code 32726		
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 <u>Patricia G. Bagg</u> <u>Patricia G. Bagg</u> <u>8/7/07</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, LONA		NAME		
STREET ADDRESS	2730 TREMONT DR		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTY, SANORA		NAME	Laurie Grunewald	
STREET ADDRESS	36707 ANTONE DR		STREET ADDRESS	1165 Lake Dr	
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP	Grand Island, FL 32735	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COATS, BARBARA		NAME		
STREET ADDRESS	2719 BADON ST		STREET ADDRESS	2719 Beacon St.	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGG, PATRICIA		NAME		
STREET ADDRESS	2081 E. WASHINGTON ST. #18		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	CSD	<input checked="" type="checkbox"/> Delete	TITLE	AT D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CENTOLA, ROSEMARIE		NAME	Charlotte Compton	
STREET ADDRESS	535 NIGHLAND DR		STREET ADDRESS	220 N. Hawley St	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Eustis FL 32726	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONWAY, JEAN		NAME	Kathy Cleveland	
STREET ADDRESS	12310 S PUTNEY CT		STREET ADDRESS	266639 Lake Landing Blvd.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Eustis FL 32726	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patricia G. Bagg</u> <u>Patricia G. Bagg</u> <u>8/7/07</u> <u>352-589-9295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					