

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36684

FILED
Jan 31, 2006
Secretary of State

Entity Name: WOMAN'S CLUB OF ST AUGUSTINE, INC.

Current Principal Place of Business:

P.O. BOX 3421
ST. AUGUSTINE, FL 320853421 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3421
ST. AUGUSTINE, FL 320853421 US

New Mailing Address:

FEI Number: 59-2053599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, LOIS J
1768 KESWICK ROAD
SAINT AUGUSTINE, FL 32084 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: PD () Delete
Name: GUCKIEAN, VERONICA
Address: 1700 WOODLAWN RD. #13
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD () Delete
Name: COWGILL, MARY
Address: 916 LEW ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: PREVATT, JO AN
Address: 110 OCEAN HOLLOW LANE UNIT 218
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD () Delete
Name: VALDER, CAROL
Address: 920 N. GRIFFIN SHORES DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD () Delete
Name: PEACOCK, LOIS J
Address: 1768 KESWICK ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: MCCORMICK, PEG
Address: 5 MENENDEZ RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

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:

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

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

Title: VD (X) Change () Addition
Name: BERNARDI, VIRGINIA
Address: 110 OCEAN HOLLOW LN.
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS J. PEACOCK

TD

01/31/2006

Electronic Signature of Signing Officer or Director

Date