

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90037 035 ****61.25

DOCUMENT #N36684 1. Entity Name WOMAN'S CLUB OF ST AUGUSTINE, INC.					
Principal Place of Business P.O. BOX 3421 ST. AUGUSTINE, FL 32085-3421 US			Mailing Address P.O. BOX 3421 ST. AUGUSTINE, FL 32085-3421 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02262007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2053599	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEACOCK, LOIS J 1768 KESWICK ROAD SAINT AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name: SUZANNE BATOVSKY Street Address (P.O. Box Number is Not Acceptable): 2260 COMMODORES CLUB BLVD City: ST AUGUSTINE FL Zip Code: 32080	
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: Signature, typed or printed name of registered agent and title if applicable				DATE: 3-14-07 (NOTE: Registered Agent signature required when reinstating)	
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUCKIEAN, VERONICA 1700 WOODLAWN RD. #13 SAINT AUGUSTINE, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOAN PREVATT 230 MICKLERS ROAD SAINT AUGUSTINE, FL 32080 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COWGILL, MARY 916 LEW ROAD SAINT AUGUSTINE, FL 32080 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOAN SHANNON 111 WASHINGTON STREET SAINT AUGUSTINE, FL 32084 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREVATT, JO AN 110 OCEAN HOLLOW LANE UNIT 218 SAINT AUGUSTINE, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBARA N. KEEVICH 1532 REMINGTON WAY SAINT AUGUSTINE, FL 32084 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDER, CAROL 920 N. GRIFFIN SHORES DR. SAINT AUGUSTINE, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN V. SCHUY 5125 AMERICO LANE ELKTON, FL 32033 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEACOCK, LOIS J 1768 KESWICK ROAD SAINT AUGUSTINE, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUZANNE BATOVSKY 2260 COMMODORES CLUB BLVD SAINT AUGUSTINE, FL 32080 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARDI, VIRGINIA 110 OCEAN HOLLOW LN. SAINT AUGUSTINE, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUZANNE BATOVSKY 2260 COMMODORES CLUB BLVD SAINT AUGUSTINE, FL 32080 ☐ Change ☒ Addition		
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: SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR				DATE: 3-14-07 Daytime Phone #: 904-460-0184	