

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36684

FILED  
Apr 28, 2009  
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:

1700 WOODLAWN RD#13  
ST. AUGUSTINE, FL 320853421 US

## Current Mailing Address:

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

## New Mailing Address:

1700 WOODLAWN RD#13  
ST. AUGUSTINE, FL 320853421 US

FEI Number: 59-2053599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATOVSKY, SUZANNE  
2260 COMMODORES CLUB BLVD  
SAINT AUGUSTINE, FL 32080 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: VD ( ) Delete  
Name: ROESLER, VALERIE  
Address: 4 N TRIDENT ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD ( ) Delete  
Name: NIKCEVICH, BARBARA  
Address: 1532 REMINGTON WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD ( ) Delete  
Name: GUCKIEAN, VERONICA  
Address: 1700 WOODLAWN RD #13  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: SD ( ) Delete  
Name: VISCHO, MARILYN  
Address: 5125 AMERICO LANE  
City-St-Zip: ELKTON, FL 32033

Title: TD ( ) Delete  
Name: BATOVSKY, SUZANNE  
Address: 2260 COMMODORES CLUB BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition  
Name: GUCKIEAN, VERONICA  
Address: 1700 WOODLAWN RD#13  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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: SUZANNE BATOVSKY

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date