


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State


01-25-2007 90046 005 ****61.25

DOCUMENT # N36791		
1. Entity Name LEMON BAY WOMAN'S CLUB, INC.		

Principal Place of Business CORNER COCONUT & MAPLE ST ENGLEWOOD, FL 34295 US	Mailing Address PO BOX 512 ENGLEWOOD, FL 34224 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 34223	Country US
Zip 34295	Country US

4000000



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6154011	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	
DICKINSON, ROBERT A. 460 S INDIANA AVE ENGLEWOOD, FL 34223	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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.

Doris J. Pfeiffer
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	PFEIFFER, DORIS
STREET ADDRESS	7281 BARGELLO ST
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CROCKER, MARY
STREET ADDRESS	13 JAMESTOWN AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Delete
NAME	2VP
STREET ADDRESS	DINATALE, MERIDITH
CITY-ST-ZIP	237 PARK FOREST BLVD SARASOTA, FL 34243
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, SUSAN
STREET ADDRESS	1305 BLUE HERON
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	ESEC
STREET ADDRESS	FOREMAN, MARGARET
CITY-ST-ZIP	272 ROTONDA BLVD,N ROTONDA W, FL 33947
TITLE	<input type="checkbox"/> Delete
NAME	FSEC
STREET ADDRESS	MCLEOD, MARY ELLEN
CITY-ST-ZIP	8746 GASPARILLA PINES #80 ENGLEWOOD, FL 34224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	SUSAN BURGESS
CITY-ST-ZIP	1305 BLUE HERON ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1VP
STREET ADDRESS	VIRGINIA MCLEOD
CITY-ST-ZIP	25 PERIMETER DR ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *DORIS J. PFEIFFER* *Treasurer 1/25/07* *941-425-1844*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #