

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 050 ****61.25



DOCUMENT # N36791

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

Principal Place of Business
CORNER COCONUT & MAPLE ST
ENGLEWOOD, FL 34223 US

Mailing Address
PO BOX 512
ENGLEWOOD, FL 34295 US

400000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-6154011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PFEIFFER, DORIS | |
| STREET ADDRESS | 7281 BARGELLO ST | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BURGESS, SUSAN | |
| STREET ADDRESS | 1305 BLUE HERON | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | 2VP | <input type="checkbox"/> Delete |
| NAME | DINATALE, MERIDITH | |
| STREET ADDRESS | 237 PARK FOREST BLVD | |
| CITY-ST-ZIP | SARASOTA, FL 34243 | |
| TITLE | 1VP | <input type="checkbox"/> Delete |
| NAME | MCLEOD, VIRGINIA | |
| STREET ADDRESS | 25 PERIMETER DR | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | ESEC | <input type="checkbox"/> Delete |
| NAME | FOREMAN, MARGARET | |
| STREET ADDRESS | 272 ROTONDA BLVD.N | |
| CITY-ST-ZIP | ROTONDA W, FL 33947 | |
| TITLE | FSEC | <input type="checkbox"/> Delete |
| NAME | MCLEOD, MARY ELLEN | |
| STREET ADDRESS | 8746 GASPARILLA PINES #80 | |
| CITY-ST-ZIP | 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYE MELQUIST | |
| STREET ADDRESS | 516 PINE HOLLOW CIRCLE | |
| CITY-ST-ZIP | ENGLEWOOD, FLORIDA 34223 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VIRGINIA FESSENDEU | |
| STREET ADDRESS | 6796 GASPARILLA PINES #49 | |
| CITY-ST-ZIP | ENGLEWOOD, FLORIDA 34224 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REC. SEC | |
| STREET ADDRESS | MARATHA WESTER KAMP | |
| CITY-ST-ZIP | 218 PINE HOLLOW DRIVE | |
| | ENGLEWOOD, FLORIDA 34223 | |
| 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: *Moris J. Pfeiffer* **MORIS J. PFEIFFER** *1/20/08* *941-475-1844*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #