

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N42609

1. Entity Name
ANTHONY WOMAN'S CLUB, INC.



Principal Place of Business
**2120 NE 95TH ST
ANTHONY, FL 32617 US**

Mailing Address
**PO BOX 112
ANTHONY, FL 32617-0112 US**



07262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3120466

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, PHYLLIS
2001 NE JAX RD
OCALA, FL 34479**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARPER, MARGARET
STREET ADDRESS	8061 NE JAX RD
CITY-ST-ZIP	OCALA, FL 34479
TITLE	CSD
NAME	ARDEN, CAROLYN
STREET ADDRESS	3500 NE 107TH STREET RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	RS
NAME	WILLIAMSON, VIRGINIA
STREET ADDRESS	2991 NE 99TH STREET
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	T
NAME	HOWELL, STEVI ANN
STREET ADDRESS	9434 NE 16TH TERRACE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	VD
NAME	BUNN, REBECCA
STREET ADDRESS	12225 NE 36TH AVE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	D
NAME	HARPER, GEORGE
STREET ADDRESS	8061 NE JAX RD
CITY-ST-ZIP	OCALA, FL 34479

U00000374827
07/28/05-80004-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steviann Howell* **STEVIANN HOWELL T** *7/27/05* **732-3559**