


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90045 023 \*\*\*\*61.25

<b>DOCUMENT # N42609</b>	
1. Entity Name <b>ANTHONY WOMAN'S CLUB, INC.</b>	

Principal Place of Business <b>2120 NE 95TH ST ANTHONY, FL 32617 US</b>	Mailing Address <b>PO BOX 112 ANTHONY, FL 32617-0112 US</b>
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3120466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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: *Phyllis Sheppard* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, MARGARET 8061 NE JAX RD OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD <del>ARDEN, CAROLYN</del> <b>BERTHA FLYNN</b> <del>3500 NE 107TH STREET RD</del> <b>3450 NE 95 St. Rd.</b> <del>ANTHONY, FL 32617</del> <b>Anthony FL 32617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS WILLIAMSON, VIRGINIA 2991 NE 99TH STREET ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, STEVI ANN 9434 NE 18TH TERRACE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>SUNN, REBECCA</del> <b>JAN SPENCE</b> <del>42225 NE 36TH AVE</del> <b>3205 NE 106 St.</b> <del>ANTHONY, FL 32617</del> <b>Anthony FL 32617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, GEORGE 8061 NE JAX RD OCALA, FL 34479

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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: *Phyllis Sheppard* SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_