

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42609

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** ANTHONY WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

2120 NE 95TH ST  
ANTHONY, FL 32617 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 112  
ANTHONY, FL 326170112 US

**New Mailing Address:**

**FEI Number:** 59-3120466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, JOAN  
3051 NE 99TH LANE  
ANTHONY, FL 32617 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: VP ( ) Delete  
Name: JOHNS, RACHAEL  
Address: 9455 NE38TH TERRACE  
City-St-Zip: ANTHONY, FL 32617

Title: VP ( ) Delete  
Name: FLYNN, BERTHA K  
Address: 3450 NE 95TH ST  
City-St-Zip: ANTHONY, FL 32617

Title: RC ( ) Delete  
Name: SIMON, CINDY  
Address: 3589 NE 107TH ST RD  
City-St-Zip: ANTHONY, FL 32617

Title: T ( ) Delete  
Name: BAIRD, OLIVIA  
Address: 12080 NE 8TH AVE  
City-St-Zip: OCALA, FL 34479

Title: CS ( ) Delete  
Name: SHEPPARD, PHYLLIS  
Address: 10045 NE 23RD CT  
City-St-Zip: ANTHONY, FL 32617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: OLIVIA C. BAIRD

TREA

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date