

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42609

**FILED**  
**Mar 13, 2012**  
**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:**

BAIRD, OLIVIA  
12080 NE 8TH AVE  
OCALA, FL 34479 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: PRES  
Name: BAIRD, OLIVIA  
Address: 12080 NE 8TH AVE  
City-St-Zip: OCALA, FL 34479

Title: VP  
Name: SHEPPARD, PHYLLIS  
Address: 10045 NE 23RD CT  
City-St-Zip: ANTHONY, FL 32617

Title: VP  
Name: SAVAGE, PATRICIA  
Address: 3509 SE 35TH CT.  
City-St-Zip: OCALA, FL 34471

Title: S-T  
Name: GRANT, BUNNY  
Address: PO BOX 1  
City-St-Zip: ANTHONY, FL 32617

I hereby 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 all other like empowered.

SIGNATURE: OLIVIA BAIRD

RA/P

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date