


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N42853 1. Entity Name UNIVERSITY WOMEN'S CLUB, INC.	
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Principal Place of Business UNIVERSITY WOMEN'S CLUB UNIVERSITY OF FLORIDA GAINESVILLE, FL 32610 US	Mailing Address P.O. BOX 140116 GAINESVILLE, FL 32614-0116 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6504283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN RINSVELT, JOAN
9417 SW 53RD LANE
GAINESVILLE, FL 32608

**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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000381790 01/11/06-80070-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBELL, SUSAN 5130 NW 48 TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MARTSOLF, MARY 354 NW 29TH PLACE GAINESVILLE, FL 326052206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, BEVERLY 1421 NW 47TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Beverly Bartlett BEVERLY BARTLETT 1-9-06 352-577-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #