


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90375 036 \*\*\*\*61.25

<b>DOCUMENT # N42853</b> 1. Entity Name <b>UNIVERSITY WOMEN'S CLUB, INC.</b>					
Principal Place of Business <b>UNIVERSITY WOMENS CLUB UNIVERSITY OF FLORIDA GAINESVILLE, FL 32610 US</b>			Mailing Address <b>P.O. BOX 140116 GAINESVILLE, FL 32614-0116 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6504283</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VAN RINSVELT, JOAN 9417 SW 53RD LANE GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBELL, SUSAN</b> <input type="checkbox"/> Delete <b>5130 NW 48 TERRACE</b> <b>GAINESVILLE, FL 32606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD</b> <input checked="" type="checkbox"/> Delete <b>MARTSOLF, MARY</b> <b>354 NW 29TH PLACE</b> <b>GAINESVILLE, FL 326052206</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARGARET WAGNER</b> <b>5012 NW 15TH PLACE</b> <b>GAINESVILLE, FL 32605</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DB</b> <input type="checkbox"/> Delete <b>BARTLETT, BEVERLY</b> <b>1421 NW 47TH TERRACE</b> <b>GAINESVILLE, FL 32605</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BEVERLY BARTLETT</b> <b>1421 NW 47TH TERRACE</b> <b>GAINESVILLE, FL 32605</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Susan P. Robell</u> <u>SUSAN P. ROBELL</u> <u>4/25/08</u> <u>352-376-1640</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					