## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N46483

1. Entity Name

THE MARIANNA WOMAN'S CLUB, INC.



FILED Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business

2902 CALEDONIA STREET MARIANNA, FL 32446 US Mailing Address

P.O. BOX 734

MARIANNA, FL 32447 U



## DO NOT WRITE IN THIS SPACE

01282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0242468

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, JEAN 4660 COLLINS ROAD MARIANNA, FL 32448

## DO NOT WRITE IN THIS SPACE

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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. Nyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  100000000000000000000000000000000000					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financir     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	02/15/08-80015-005 61.25
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUZIER, RUTH 3095 FOURTH STREET MARIANNA, FL 32446				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER, CHARLOTTE 4861 VESEY LANE MARIANNA, FL 32446				
TITLE NAME — STREET ADDRESS CITY-ST-ZIP	SD ALFORD, LIZ 896 STONE ROAD GRAND RIDGE, FL 32442	-	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYER, JEAN 4660 COLLINS ROAD MARIANNA, FL 32448		IN THIS SPACE		
TITLE NAME STREET ADDRESS					*

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

DEAN MEYER

2/5/08

850-526-1891

Daytime Phone #