

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48022

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: EAU GALLIE WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

% ST. TIMOTHY LUTHERAN CHURCH  
1903 CROTON ROAD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 360206  
MELBOURNE, FL 329360206 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CRITTENDEN, JO  
2290 GRAND TETON BLVD  
MELBOURNE, FL 32935 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: PD ( ) Delete  
Name: CRITTENDEN, JO  
Address: 2290 GRANDTETON BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete  
Name: EVELYN, JOYCE M  
Address: 1803 LADDERBACK CT  
City-St-Zip: VIERA, FL 32955

Title: VD ( ) Delete  
Name: YOUNG, JOANN  
Address: 3923 POSTRIDGE TRAIL  
City-St-Zip: MELBOURNE, FL 32934

**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:

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: JOYCE M. EVELYN

TREA

02/17/2009

Electronic Signature of Signing Officer or Director

Date