


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 017 \*\*\*\*61.25

<b>DOCUMENT # N49278</b>	
1. Entity Name <b>CHATTAHOOCHEE WOMAN'S CLUB, INC.</b>	

Principal Place of Business <b>534 MORGAN AVENUE CHATTAHOOCHEE FL 32324 US</b>	Mailing Address <b>PO BOX 591 CHATTAHOOCHEE FL 32324 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1713042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PREMDER, HAZEL R 598 SATSAMA RD CHATTAHOOCHEE FL 32324</b>	
7. Name and Address of New Registered Agent Name <b>PFAENDER, Hazel B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>598 Satsama Rd.</b> City <b>Chattahoochee</b> FL Zip Code <b>32324</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
<b>P BROOKS, JEAN 413 S MEIN ST CHATTAHOOCHEE FL 32324</b>	<input type="checkbox"/> Delete	<b>VP BASFORD, LINDA 620 MORGAN AVE CHATTAHOOCHEE FL 32324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T BASFORD, LINDA 620 MORGAN AVE CHATTAHOOCHEE FL 32324</b>	<input type="checkbox"/> Delete	<b>VP BASFORD, FRANCES 1700 B GULFPOWER RD SNEADS, FL. 32460</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP BESFORD, FRANCES 921 MORGAN AVE CHATTAHOOCHEE FL 32324</b>	<input type="checkbox"/> Delete	<b>T PFAENDER, Hazel B. 598 Satsama Rd Chattahoochee, FL 32324</b>	<input checked="" 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
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 Section 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.