


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 036 \*\*\*\*61.25

<b>DOCUMENT # N49278</b>	
<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>2. Principal Place of Business - No P.O. Box #</b> 534 MORGAN AVE-	<b>3. Mailing Address</b> P.O. Box 591
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Chattahoochee, FL	City & State Chattahoochee, FL

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-1713042	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> PFAENDER, HAZEL B 598 SATSAMA RD CHATTAHOOCHEE FL 32324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (F.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>P</b> BROOKS, JEAN 413 S MEIN ST CHATTAHOOCHEE FL 32324 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>P</b> Basford, Linda 620 Morgan Ave Chattahoochee, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>VP</b> BASFORD, LINDA 620 MORGAN AVE CHATTAHOOCHEE FL 32324 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>VP</b> Reeder, Judith 1148 Sherwood Lane Chattahoochee, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>VP</b> BASFORD, FRANCES 1700-B GULF POWR RD SNEADS FL 32460 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>VP</b> Rowan, Emily 1200 Little Sycamore Rd Quincy, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<b>T</b> PFAENDER, HAZEL B 598 SATSAMA RD CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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.

**SIGNATURE** Hazel B. Pfander Hazel B. Pfander 1-18-07 850-663-4461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #