


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 050 ****61.25

DOCUMENT # N49565	
1. Entity Name CHIPLEY WOMAN'S CLUB, INC.	

Principal Place of Business 607 FIFTH STREET CHIPLEY, FL 32428 US	Mailing Address P.O. BOX 2 CHIPLEY, FL 32428
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30014720

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2505694		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARKE, DOROTHY 1232 S BLVD CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Chadwell, Elaine Street Address (P.O. Box Number is Not Acceptable) 321 Pleas Circle City Chipley FL Zip Code 32428	

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 *Elaine K Chadwell* DATE 4-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CLARKE, DOROTHY 1232 S BLVD CHIPLEY, FL 32428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC Chadwell, Elaine 321 Pleas Circle Chipley, FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD CORBIN, ELIZABETH 1444 STATE PARK RD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Corbin, Elizabeth 1444 State Park Rd/ Chipley, FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD COMPTON, SYBIL 840 CANDY LANE CHIPLEY, FL 32428 <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	VD FOSTER, KATHY 1365 WATFORD CIR CHIPLEY, FL 32428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD Anderson, Linda 527 Main Street Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YATES, REBECCA 2202 KENT RD CHIPLEY, FL 32428 <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	RSD CHADWELL, ELAINE 321 PLEAS CIR CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD Salter, Patricia PO Box 501 Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *Rebecca J. Yates* Date 850-638-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR