




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 023 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2505694	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHADWELL, ELAINE 321 PLEAS CIRCLE CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name ELIZABETH CORBIN Street Address (P.O. Box Number is Not Acceptable) 1444 STATE PARK RD 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  ELIZABETH CORBIN 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PC CHADWELL, ELAINE 321 PLEAS CIRCLE CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	2VD HOWELL, LOANVA PO BOX 613 CHIPLEY, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD CORBIN, ELIZABETH 1444 STATE PARK RD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	PC 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	VD ANDERSON, LINDA 527 MAIN STREET CHIPLEY, FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	2VD ANDERSON, LINDA 527 MAIN ST CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ANDERSON, LINDA 527 MAIN STREET CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Change <input 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	VD ANDERSON, LINDA 527 MAIN STREET CHIPLEY, FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	RSD SALTER, PATRICIA P.O. BOX 501 CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ANDERSON, LINDA 527 MAIN STREET CHIPLEY, FL 32428	<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 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 T. YATES 4-18-07 (850) 638-8885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					