

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50113</b> 1. Entity Name <b>WOMAN'S CLUB OF LAKE CITY, INC.</b>					
Principal Place of Business <b>257 SE HERNANDO AVE LAKE CITY FL 32025 US</b>			Mailing Address <b>473 SE EVERGREEN DR LAKE CITY FL 32025 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2976204</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILSON, UNA 473 SE EVERGREEN AVE LAKE CITY FL 32025</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <span style="float: right;">DATE: <b>Feb 16, 2005</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD HUNTER, JILL <input type="checkbox"/> Delete		TITLE	000000233736 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/17/05-80063-024 61.25	
NAME	719 SW MCFARLANE AVE		NAME		
STREET ADDRESS	LAKE CITY FL 32025		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	1VPD MASTERS, GLORIA <input type="checkbox"/> Delete		TITLE		
NAME	RT 11 BOX 338		NAME		
STREET ADDRESS	LAKE CITY FL 32056		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	2VP JOHNSON, RUTHIE <input type="checkbox"/> Delete		TITLE		
NAME	RT 21 BOX 53		NAME		
STREET ADDRESS	LAKE CITY FL 32024		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	S GRAY, IVA <input type="checkbox"/> Delete		TITLE		
NAME	RT 22 BOX 3010		NAME		
STREET ADDRESS	LAKE CITY FL 32024		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	SR DAVIS, MARY ANN <input type="checkbox"/> Delete		TITLE		
NAME	RT 6 BOX 376		NAME		
STREET ADDRESS	LAKE CITY FL 32025		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	TD WILSON, UNA <input type="checkbox"/> Delete		TITLE		
NAME	473 SE EVERGREEN DR		NAME		
STREET ADDRESS	LAKE CITY FL 32025		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <span style="float: right;">Date: <b>Feb 16, 2005</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					