

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

DOCUMENT # N50113

1. Entity Name

WOMAN'S CLUB OF LAKE CITY, INC.



FILED

06 OCT 31 PM 1:55

Principal Place of Business

257 SE HERNANDO AVE
LAKE CITY FL 32025
US

Mailing Address

473 SE EVERGREEN DR
LAKE CITY FL 32025
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2976204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, UNA
473 SE EVERGREEN AVE
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.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

Una Wilson, Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUNTER, JILL ☒ Delete
719 SW MCFARLANE AVE
LAKE CITY FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VPD
MASTERS, GLORIA ☒ Delete
RT 11 BOX 338
LAKE CITY FL 32056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
JOHNSON, RUTHIE ☐ Delete
RT 21 BOX 53
LAKE CITY FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GRAY, IVA ☐ Delete
RT 22 BOX 3010
LAKE CITY FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SR
DAVIS, MARY ANN ☐ Delete
RT 6 BOX 376
LAKE CITY FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILSON, UNA ☐ Delete
473 SE EVERGREEN DR
LAKE CITY FL 32025

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLORIA MASTERS, PRES ☐ Change ☐ Addition
RT 11 Box 338
LAKE CITY FLA 32056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700080681097
10/31/06-01026-010 **175.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Una Wilson

10-1-06 386-252-9952