

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

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90094 006 \*\*\*\*61.25

**DOCUMENT # N50113**

1. Entity Name

WOMAN'S CLUB OF LAKE CITY, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2976204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, UNA  
473 SE EVERGREEN AVE  
LAKE CITY FL 32025

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	MASTERS, GLORIA	
STREET ADDRESS	RT 11 BOX 338	
CITY-STATE-ZIP	LAKE CITY FL 32056	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RUTHIE	
STREET ADDRESS	RT 21 BOX 53	
CITY-STATE-ZIP	LAKE CITY FL 32024	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	GRAY, IVA	
STREET ADDRESS	RT 22 BOX 3010	
CITY-STATE-ZIP	LAKE CITY FL 32024	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	DAVIS, MARY ANN	
STREET ADDRESS	RT 6 BOX 376	
CITY-STATE-ZIP	LAKE CITY FL 32025	
TITLE	2TD	<input type="checkbox"/> Delete
NAME	WILSON, UNA	
STREET ADDRESS	473 SE EVERGREEN DR	
CITY-STATE-ZIP	LAKE CITY FL 32025	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	NANCY FIELDS	
STREET ADDRESS	PO BOX 1569	
CITY-STATE-ZIP	LAKE CITY FL 32056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIANA SILVER	
STREET ADDRESS	724 NW TURNER RD #102	
CITY-STATE-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

*Una Wilson, Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-72-9957 1-18-07

Date

Daytime Phone #