2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-14-2008 90019 002 ****61.25

DOCUMENT # N50113

1. Entity Name

WOMAN'S CLUB OF LAKE CITY, INC.

Principal Place of Business	Mailing Address
257 SE HERNANDO AVE LAKE CITY FL 32025 US	473 SE EVERGREEN DR LAKE CITY FL 32025 US

DDU1J04J

1st MOORE CR2E037 (10/07)

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

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 Una Wilson 4-24-08
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 May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MASTERS, GLORIA RT 11 BOX 338 LAKE CITY FL 32056	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAY POLTORAK 311 NW PRIMITIVE GLEN LAKE CITY FL 32055 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SILVER, VIVIANA 724 NW TURNER RD #102 LAKE CITY FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JANET BOGGS 146 S.W WISE DR LAKE CITY FL 32024 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP DAVIS, MARY ANN RT 6 BOX 376 LAKE CITY FL 32025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP JILL HUNTER 719 S.W McFARLANE AVE LAKE CITY FL 32025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2TD WILSON, UNA 473 SE EVERGREEN DR LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP FIELDS, NANCY PO BOX 1569 LAKE CITY FL 32056	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP SAN BECKUM 4188 SW STATE RD 247 LAKE CITY FL 32024 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 6-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

UNA WILSON