

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50113

FILED
Jan 07, 2009
Secretary of State

Entity Name: WOMAN'S CLUB OF LAKE CITY, INC.

Current Principal Place of Business:

257 SE HERNANDO AVE
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

473 SE EVERGREEN DR
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-2976204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, UNA
473 SE EVERGREEN AVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLTORA, KAY
Address: 311 NW PRIMITIVE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: BOGG, JANET
Address: 146 SW WISE DR
City-St-Zip: LAKE CITY, FL 32024

Title: 2VP () Delete
Name: HUNTER, JILL
Address: 719 SW MCFARLANE AVE
City-St-Zip: LAKE CITY, FL 32025

Title: 2TD () Delete
Name: WILSON, UNA
Address: 473 SE EVERGREEN DR
City-St-Zip: LAKE CITY, FL 32025

Title: 1VP () Delete
Name: BECKUM, SAN
Address: 4138 SW STATE RD 247
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UNA WILSON

TREA

01/07/2009

Electronic Signature of Signing Officer or Director

Date