

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 041 ****61.25

DOCUMENT # N50202 1. Entity Name BONIFAY WOMAN'S CLUB, INCORPORATED			
Principal Place of Business 212 VIRGINIA AVE BONIFAY FL 32425 US		Mailing Address P O BOX 518 116 WEDGEWOOD DR BONIFAY FL 32425 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 544 Bonifay, FL 32425-0544	
City & State Bonifay FL		4. FEI Number 59-1759696	
Zip 32425		Country FL	
6. Name and Address of Current Registered Agent MORRIS, DEBBIE W P O BOX 5187 116 WEDGEWOOD DRIVE BONIFAY FL 32425		7. Name and Address of New Registered Agent Name Linda J. Dudley Street Address (P.O. Box Number is Not Acceptable) 2395 Jenkins Road Bonifay, FL 32425 City Bonifay FL Zip Code 32425	
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 <i>Linda J. Dudley</i> Linda J. Dudley, President		DATE 2/6/04	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MORRIS, DEBBIE W <input checked="" type="checkbox"/> Delete	TITLE	PD Dudley, Linda J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DEBBIE W	NAME	P. O. Box 544
STREET ADDRESS	P O BOX 518-116 WEDGEWOOD DRIVE	STREET ADDRESS	Bonifay, FL 32425
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	Bonifay, FL 32425
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, LINDA J	NAME	Gibson, Jeri P.
STREET ADDRESS	P O BOX 544	STREET ADDRESS	2693 Robin Hood Lane
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	Bonifay, FL 32425
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, JOAN	NAME	Ingle, Alberta
STREET ADDRESS	109 NORTH WAUKESHA STREET	STREET ADDRESS	P. O. Box 758
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	Bonifay, FL 32425
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSICO, BETTY	NAME	
STREET ADDRESS	P O BOX 1127	STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MARTHA	NAME	Williams, Frances
STREET ADDRESS	601 NORTH VARNER STREET	STREET ADDRESS	2246 Highway 173
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	Bonifay, FL 32425
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		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)(i), 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: <i>Linda J. Dudley</i> Linda J. Dudley		DATE 2/6/04 850-638-1982, ext 4	