2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N50202

Entity Name: BONIFAY WOMAN'S CLUB, INCORPORATED

Current Principal Place of Business:

212 VIRGINIA AVE
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 544
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-1759696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUDLEY, LINDA J
2395 JENKINS RD.
BONIFAY, FL 32425 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:	PD	( ) Delete
Name:	DUDLEY, LINDA J	
Address:	PO BOX 544	
City-St-Zip:	BONIFAY, FL 32425	
Title:	VD	( ) Delete
Name:	GIBSON, JERI P	
Address:	2693 ROBIN HOOD LANE	
City-St-Zip:	BONIFAY, FL 32425	
Title:	VD	( ) Delete
Name:	INGLE, ALBERTA	
Address:	PO BOX 758	
City-St-Zip:	BONIFAY, FL 32425	
Title:	S	( ) Delete
Name:	MARSICO, BETTY	
Address:	P O BOX 1127	
City-St-Zip:	BONIFAY, FL 32425	
Title:	TD	( ) Delete
Name:	WILLIAMS, FRANCES	
Address:	2246 HIGHWAY 173	
City-St-Zip:	BONIFAY, FL 32425	

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 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 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: LINDA J. DUDLEY PD 04/05/2005
Electronic Signature of Signing Officer or Director — Date