

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50202

FILED
Apr 04, 2009
Secretary of State

Entity Name: BONIFAY WOMAN'S CLUB, INCORPORATED

Current Principal Place of Business:

212 EAST 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 MRS.
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: ROBERTS, VERA MS.
Address: 312 E IOWA AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: RICH, KATHRYN MRS.
Address: 111 LIENBY DRIVE
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: GIBSON, JERI P MRS.
Address: 2693 ROBIN HOOD LANE
City-St-Zip: BONIFAY, FL 32425

Title: S () Delete
Name: POWELL, DEBORAH MRS.
Address: 2569 BREEZY LANE
City-St-Zip: BONIFAY, FL 32425

Title: TD () Delete
Name: DUDLEY, LINDA J MRS.
Address: P. O. BOX 544
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 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: LINDA J. DUDLEY

TD

04/04/2009

Electronic Signature of Signing Officer or Director

Date