

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50493

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** BONITA SPRINGS WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

10540 CHILDERS AVE.  
BONITA SPRINGS, FL 34133 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 443  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

**FEI Number:** 59-6134517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUGGER, CAROL R  
3525 BONITA BEACH RD.  
SUITE 103  
BONITA SPRINGS, FL 34134 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: SD ( ) Delete  
Name: BOWYER, DORIS  
Address: 9350 LAKE ABBY LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: OTTO, MARYLN  
Address: 1030 WILD TURKEY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete  
Name: MAZZUCCO, BLANCHE  
Address: 27081 HARBOR DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete  
Name: MALLOCH, BARBARA  
Address: 23651 PEERLANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: NORTH, MAJORIE  
Address: 26930 WEDGE WOOD DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: VERWEY, BETTY  
Address: 20750 COUNTY BARN DR  
City-St-Zip: ESTERO, FL

**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:

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: DORIS BOWYER

SD

01/10/2009

Electronic Signature of Signing Officer or Director

Date