2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N92000000045

Entity Name: PASS-A-GRILLE WOMAN'S CLUB, INC.

Current Principal Place of Business:

2201 PASS-A-GRILLE WAY
PASS-A-GRILLE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 46763
PASS-A-GRILLE BEACH, FL 33741 US

New Mailing Address:

FEI Number: 59-0595593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCIAN, BARBARA C
221 ISLE DRIVE
ST. PETE BEACH, FL 33706 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: 1-VP ( ) Delete
Name: TERRY, MARILYN
Address: 6330 4TH PALM POINT
City-St-Zip: SAINT PETE BEACH, FL 33706

Title: TREA ( ) Delete
Name: SCIAN, BARBARA C
Address: 221 ISLE DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: RSEC ( ) Delete
Name: DUBOIS, CONNIE
Address: 2504 PASS-A-GRILLE WAY
City-St-Zip: SAINT PETE BEACH, FL 33706

Title: PRES ( ) Delete
Name: RUTHERFORD, SANDRA L
Address: 810 59TH AVENUE
City-St-Zip: SAINT PETE BEACH, FL 33706

Title: 2-VP ( ) Delete
Name: KRAG, JOYCE
Address: 2143 W. VINA DEL MAR BLVD
City-St-Zip: SAINT PETE BEACH, FL 33706

Title: C.SC ( ) Delete
Name: MAXSON, HELEN
Address: 8580 GULF BLVD.
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change ( ) Addition
Name: SCIAN, BARB
Address: 221 ISLE DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

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: BARBARA SCIAN TREA 05/01/2008

Electronic Signature of Signing Officer or Director — Date