2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004479

1. Entity Name
HIGHS SPRINGS NEW CENTURY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
40 NW 1ST AVE. HIGH SPRINGS, FL 32643	MARION L HERZEG 16911 NW 129 TERRACE ALACHUA, FL 32615 US

02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2401019
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERZEG, MARION L
16911 NW 129 TERRACE
ALACHUA, FL 32615

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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 Marion L. Herzeg, Treasurer, Marion L. Herzeg 2/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CLARK, SUZIE
STREET ADDRESS	340 NW 1ST AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	VD
NAME	PHILLIPS, WINDY
STREET ADDRESS	452 SE DIAMOND BACK GLEN
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	VD
NAME	LAROSE, CAROL
STREET ADDRESS	1801 NW 271 TERR
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	SD
NAME	DOLAN, MARIAN
STREET ADDRESS	18404 NW 272 TERRACE
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	SD
NAME	ROSS, BARBARA
STREET ADDRESS	9079 SE 2ND ST RD
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	TD
NAME	HERZEG, MARION
STREET ADDRESS	16911 NW 129 TERRACE
CITY-ST-ZIP	ALACHUA, FL 32615

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03/04/06-80053-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marion L. Herzeg, Treasurer, Marion L. Herzeg 2/23/06 386-462-4298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #