# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# N96000004479

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

**Current Principal Place of Business:**

40 NW 1ST AVE.
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

JUDI LEWIS
165 S W TRUDY WAY
FORT WHITE, FL 32038 US

**New Mailing Address:**

P.O. BOX 1154
HIGH SPRINGS, FL 32655 US

**FEI Number: 59-2401019** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEWIS, JUDI
165 S W TRUDY WAY
FORT WHITE, FL 32038 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: | PHILLIPS, WINDY | |
| Address: | 452 S E DIAMOND BACK GLEN | |
| City-St-Zip: | HIGH SPRINGS, FL 32643 | |
| Title: | VD | ( ) Delete |
| Name: | MILLER, BARBARA | |
| Address: | 20369 N W 254 WAY | |
| City-St-Zip: | HIGH SPRINGS, FL 32643 | |
| Title: | VD | ( ) Delete |
| Name: | LAMNER, PATTI | |
| Address: | 1708 S W OLD LAKE CITY TERRACE | |
| City-St-Zip: | HIGH SPRINGS, FL 32643 | |
| Title: | SD | ( ) Delete |
| Name: | DOLAN, MARIAN | |
| Address: | 18404 NW 272 TERRACE | |
| City-St-Zip: | HIGH SPRINGS, FL 32655 | |
| Title: | SD | ( ) Delete |
| Name: | ROSS, BARBARA | |
| Address: | 9079 SE 2ND ST RD | |
| City-St-Zip: | TRENTON, FL 32693 | |
| Title: | TD | ( ) Delete |
| Name: | LEWIS, JUDE | |
| Address: | 165 SW TRUDY WAY | |
| City-St-Zip: | FORT WHITE, FL 32038 | |

**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: | TD | (X) Change ( ) Addition |
| Name: | LEWIS, JUDI | |
| Address: | 165 SW TRUDY WAY | |
| City-St-Zip: | FORT WHITE, FL 32038 | |

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: JUDI LEWIS TD 04/06/2009
Electronic Signature of Signing Officer or Director — Date