

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006265

FILED
Aug 01, 2007
Secretary of State

Entity Name: WELLINGTON WOMEN'S CLUB, INC.

Current Principal Place of Business:

P. O. BOX 823
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 823
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-0741260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SAMILJAN, STEVEN
2135 S CONGRESS AVE
SUITE 3C
WEST PALM BEACH, FL 33406 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: 1VP () Delete
Name: BURKE, PHYLLIS
Address: 14261 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: PRIORE, THERESA
Address: 15522 WHISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: ULLOA, NORMA
Address: 15425 MEADOW WOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: 2VP (X) Delete
Name: SAMILJAN, ALLYSON
Address: 1455 WOOD DALE TERR
City-St-Zip: WELLINGTON, FL 33414

Title: CS (X) Delete
Name: SIMMONS, PATRICIA
Address: 1700 CORSICA LANE
City-St-Zip: WELLINGTON, FL 33414

Title: RS (X) Delete
Name: LAZZARINO, CAROL
Address: 2168 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRIORE, THERESA
Address: 15522 WHISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: T (X) Change () Addition
Name: FORD, FAYE
Address: 1360 WATERWAY COVE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Change () Addition
Name: KATZ, SHEILA
Address: 2500 SANDSTONE COURT
City-St-Zip: WELLINGTON, FL 33414

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: FAYE FORD

T

08/01/2007

Electronic Signature of Signing Officer or Director

Date