

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90077 033 ****61.25

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1. Entity Name

WOMAN'S CLUB OF OLDSMAR, INC.



Principal Place of Business

207 EXETER ST
OLDSMAR FL 34677

Mailing Address

P.O. BOX 128
OLDSMAR FL 34677

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1691385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGENSEN, A JEAN
104 SHORE DR PL
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

A. JEAN JORGENSEN, TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME NEELEY, PEGGY J
STREET ADDRESS 1811 IRONWOOD CT W
CITY-STATE-ZIP OLDSMAR FL 34677

TITLE VD ☐ Delete
NAME BOHR, JANE
STREET ADDRESS 505 OAKLEAF BLVD
CITY-STATE-ZIP OLDSMAR FL 34677

TITLE T ☐ Delete
NAME JORGENSEN, JEAN A
STREET ADDRESS 104 SHORE DR PL
CITY-STATE-ZIP OLDSMAR FL 34677

TITLE S ☐ Delete
NAME SEARS, SANDY
STREET ADDRESS 324 SHORE DR E/P.O. BOX 43
CITY-STATE-ZIP OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES ☒ Change ☐ Addition
NAME GAETZ, FRANCES
STREET ADDRESS 325 LAKE PLACID CT.
CITY-STATE-ZIP OLDSMAR, FL. 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

A. Jean Jorgenson, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

813-855-3067

Daytime Phone #