


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 002 ****61.25

DOCUMENT # N97000002759 1. Entity Name THE WOMAN'S CLUB OF STARKE, INC.					
Principal Place of Business 201 N WALNUT ST STARKE, FL 32091			Mailing Address P O BOX 951 STARKE, FL 32091 US		
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	4. FEI Number 59-3505724	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, JOAN T 1304 SEARING STREET STARKE, FL 32091			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Joan T Rogers</i></u> 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, ANNE		NAME	Rogers, Joan	
STREET ADDRESS	P.O. BOX 967		STREET ADDRESS	1304 Searing St.	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Starke, FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANOVA, CHERYL		NAME	Toman, Nancy	
STREET ADDRESS	5346 N W CR 229		STREET ADDRESS	8371 SE 100 West	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Starke, FL 32091	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAZEN, CLARA		NAME		
STREET ADDRESS	13870 SR 21		STREET ADDRESS		
CITY-ST-ZIP	BROOKER, FL 32622		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Teal, Vickie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, CAROL E		NAME	PO Drawer D	
STREET ADDRESS	PO BOX 1275		STREET ADDRESS	Starke, FL 32091	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP		
TITLE	✓	<input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASDIN, MONTEREY		NAME		
STREET ADDRESS	PO BOX 129		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHERSON, CAROL		NAME	Morrow, Jackie	
STREET ADDRESS	1307 RAIFORD RD		STREET ADDRESS	2243 SE 147th Terrace	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Starke, FL 32091	
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: <u><i>Nancy L Tomsic</i></u> <u><i>Nancy L. Tomsic</i></u> 4-17-07 904-964-4806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					