

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706236

Entity Name: LABELLE COMMUNITY WOMANS CLUB INCORPORATED

Current Principal Place of Business:

382 W. HICKPOCHEE
LABELLE, FL 33975

Current Mailing Address:

PO BOX 551
LABELLE, FL 33975

FEI Number: 30-0185010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIDANZA, DIANE E
224 OAK ST SW
LABELLE, FL 33935 US

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

Officer/Director Detail :

Title VPD
Name CHASSEY, KATHLEEN
Address 1843 S TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

Title PD
Name BURNSIDE, LEA
Address 378 CLARK AVE
City-State-Zip: LABELLE FL 33935

Title TD
Name FIDANZA, DIANE E
Address 224 OAK ST SW
City-State-Zip: LABELLE FL 33935

Title ST
Name NOEL, TINA
Address 480 GRANT STREET
City-State-Zip: LABELLE FL 33935

I hereby 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 all other like empowered.

SIGNATURE: DIANE E. FIDANZA

TREASURER

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date