

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006916

**Entity Name:** THE ALACHUA WOMAN'S CLUB ROSE PETALS, INC.**Current Principal Place of Business:**14565 MAIN STREET  
ALACHUA, FL 32616**Current Mailing Address:**P.O. BOX 374  
ALACHUA, FL 32615 US**FEI Number:** 59-3635118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IMLER, JOAN  
7701 NW CR 236  
ALACHUA, FL 32615 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	TREASURER
Name	COLSON, KATHY
Address	P.O. BOX 374
City-State-Zip:	ALACHUA FL 32615

Title	PRESIDENT
Name	IMLER, JOAN D
Address	P.O. BOX 374
City-State-Zip:	ALACHUA FL 32615

Title	VP
Name	HARTLEY, CHERYL
Address	P.O. BOX 374
City-State-Zip:	ALACHUA FL 32615

Title	RENTAL MANAGER
Name	MATTHEWS, EMELIE
Address	P.O. BOX 374
City-State-Zip:	ALACHUA FL 32615

Title	CORRESPONDING SECRETARY
Name	MOSS, RUTHIE
Address	P.O. BOX 374
City-State-Zip:	ALACHUA FL 32615

*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:** EMELIE MATTHEWS**RENTAL MANAGER****02/08/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date