

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

07 JUL 12 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N27205
1. Entity Name
THE LADIES ART AND SOCIAL CLUB INC.



Principal Place of Business
1137 RONDS POINTE DR. WEST
TALLAHASSEE, FL 32312 US

Mailing Address
1137 RONDS POINTE DR. WEST
TALLAHASSEE, FL 32312 US


2. Principal Place of Business - No P.O. Box #
1137 Ronds Pointe Dr. West

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip
32312

Country
Leon



07122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2919655

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZIER, ALICE
1137 RONDS POINTE DR. WEST
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP | VP ALEXANDER, LUCILLE 2948 HUNTINGTON DRIVE TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WELLS, DOROTHY L 808 WINDWARD LN TALLAHASSEE, FL 32305 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALLARD-FERGUSON, DORIS 1767 HERMITAGE BLVD. TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BENNETT, KAREN 3117 GALIMORE DR. TALLAHASSEE, FL 32305 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <p>200106641082 07/24/07--01052--011 **\$61.25</p> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <p><i>TD</i> <i>Alice Rozier</i> <i>1137 Ronds Pointe Dr. West</i> <i>Tallahassee, FL 32312</i></p> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Alice Rozier* *7/12/07* *599-3495*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #