Organization ID # 0031921 State of origin Filing fee \$15.00

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

2019 Annual Report Due June 30, 2019 Filing Fee \$15.00

ARP

Exact organization name and principal office address

LOUISA WOMANS CLUB 2817 HIGHWAY 32 **LOUISA KY 41230**

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

MS. BARBAR	1000			
2817 HIGHW	20.000000		Trip.	
LOUISA, KY 4	المالية (1230 المالية 1230 المالية المالية المالية 1230 المالية المالية المالية المالية المالية المالية المالي			
Principal Officers -	ist the name, address and title of all curr	rent officers. All organizations must list at lea	st one (1) officer, even in the	case of a sole officer. If not
specified, officer addresses de	fault to the principal office address. Corpor	rations are required to list a Secretary or other	er officer serving as records of	custodian
Vice President	CLAUDETTE JOHNSON			· · · · · · · · · · · · · · · · · · ·
Treasurer	BARBARA GREER			
Secretary	BARBARA GREER			
President	NADINE MEEK			<u> </u>
Directors	4 1 - 4 1 - 4 1 - 4 2 1 - 4 2	ectors. All directors of the non-profit must be I	listed If Not specified direct	ignormal and the principal
office address.	porations must have at least three (3) dire	ectors. All directors of the non-profit must be i	isted. If Not specified, direct	di addresses deladit to the principal
BETTY SHANNON				
CLAUDETTE JOHN	SON			
NADINE MEEK				
				- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
				1
Please indicate the c	ounty in which your business or	perates:		
County: Lawrence			/ÆMIÈ	
	If any information below has	changed, please place an "X" in t	he appropriate boxes	· ·
Please indicate whic	h of the following best describes	ýour business:		
Aprioultura	Mining	Services	Construction	
Agriculture			Finance, Insurance	no Bool Entato
Wholesale Tr		The same of the sa		ce, Real Estate
Public-Admin	stration Transporta	tion, Communications, Electric, Gas,	Sanitary Services	
Other			4× 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
x Balar	a Droer	Socian-trea	swar "	11 aux 8, 2010
Signature of officer Or	chairman of the board (Required)	(Title (Required)		Date (Required)

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: http://app.sos.ky.gov/arp/0031921 OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2019. To file via mail

- Confirm the information Is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) must be received in the Office by June 30, 2019
- If you file and pay online, do not return this document to the Secretary of State.