



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Due no later than: 08/31/2024

Annual Report: No filing fee if received by the due date.

SOS Control Number: 3979911

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 08/26/2020

Formation Locale: ID

Name and Mailing Address:

Worley Town & Country Club Inc
8152 W BEN POINTE RD
WORLEY, ID 83876-6010

(1) Add or Change Mailing Address:

Worley Town & Country Club Inc
27465 Bloomsburg Bay Rd
Worley, Idaho 83876

Registered Agent (RA) and Registered Office (RO) Address:

SHERRY BYE
8152 W BEN POINTE RD
WORLEY, ID 83876

(2) Change RA and/or RO Address:

Dorrie Stuvland
27465 Bloomsburg Bay Rd
Worley, Id 83876

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Dorrie Stuvland

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
President	Dorrie Stuvland	27465 Bloomsburg Bay Rd	Worley, Id 83876
V. Pres	Lucy Cash	2236 S. Lakeshore Dr.	Worley, Id 83876
Secretary	Cyndi Gullata	29701 S. 3rd St	Worley, Id 83876
Treasurer	Maxine Junker	1213 Fairfield Rd.	Plummer, Id 83851

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
Dorrie Stuvland	27465 Bloomsburg Bay Rd	Worley, Id 83876
Lucy Cash	2236 Lakeshore Dr.	Worley, Id 83876
Cyndi Gullata	29701 S. 3rd St.	Worley, Id 83876
Maxine Junker	1213 Fairfield Rd.	Plummer, Id 83851

(5) Signature:

Dorrie Stuvland

(6) Date:

July 16, 2024

(7) Type/Print Name:

Dorrie Stuvland

(8) Title:

President

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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