

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 017 ****61.25

DOCUMENT # 706371
 1. Entity Name
THE FORT MYERS BEACH WOMAN'S CLUB, INCORPORATED



Principal Place of Business: 175 STERLING AVENUE, FT MYERS BEACH FL 33931 US
 Mailing Address: PO BOX 22, FT MYERS BEACH FL 33931 US

30031034



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-6133785**
 Applied For: Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDERSON, KJELL
2555 ESTERO BLVD.
FT MYERS BCH FL 33931

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 _____

FILE NOW! FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GAYNELLE, CROUSE	
STREET ADDRESS	150 MIDISLAND DR	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HONS, RUTH	
STREET ADDRESS	16 MOA CT #12	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DIAMOND, BARBARA	
STREET ADDRESS	7400 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERL, NANCY	
STREET ADDRESS	4341 BAY BEACH LANE # 442	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, JERRY	
STREET ADDRESS	127 BAY MAR DR.	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, SALLY	
STREET ADDRESS	12 AVENIDA CARITA	
CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keene BARBARA	
STREET ADDRESS	274 CURLEW ST.	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MAUREEN	
STREET ADDRESS	4361 BAY BEACH LN	
CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFISH, HELEN	
STREET ADDRESS	5580 AVENIDA PESCADORA	
CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Keene* *Pederson* 3/15/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #