2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90090 022 ****61.25

DOCUMENT # 707351

1. Entity Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
770 POINSETTA DRIVE P.O. BOX 3722-82 SATELLITE BCH FL 32937-9282	770 POINSETTA DRIVE P.O. BOX 3722-82 SATELLITE BCH FL 32937-9282

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
320 LYNN AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SATELLITE BEACH, FL	City & State
Zip: 32937-3423 Country	Zip Country

4. FEI Number 59-1710747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOBGOOD, DIANE
770 POINSETTA DRIVE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name: WADE, KITTY
Street Address (P.O. Box Number is Not Acceptable): 320 LYNN AVENUE
City: SATELLITE BEACH, FL Zip Code: 32937

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.

SIGNATURE: Kitty Wade KITTY WADE, PRESIDENT 1/24/01
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAKER, SADIE 685 GRANT COURT SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WADE, KITTY 320 LYNN AVENUE SATELLITE BEACH, FL 32937	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HIGINSON, SUZANNE 1175 SR A1A #707 SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVISON, BETH 443 BRIDGETOWN CT. SATELLITE BEACH, FL. 32937	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PINDIAK, PAT 8085 S TROPICAL TRAIL MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HIGGINSON, SUZANNE 1175 SR A1A #707 SATELLITE BEACH, FL. 32937	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VERNEZZE, ALICE 610 ROBIN WAY NORTH SATELLITE BCH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROYER, PAT 310 CHERRY DRIVE SATELLITE BEACH, FL. 32937	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, NORA 790 VERBENIA DR SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONNELL, KATHY 492 RED SAIL WAY SATELLITE BEACH, FL. 32937	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WADE, KITTY 320 LYNN AVE SATELLITE BEACH FL 32037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'DONNELL, LYNNE 254 ORANGE STREET SATELLITE BEACH, FL. 32937	☐ Change ☐ Addition

CR2E037 (10/00)

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: Kitty Wade KITTY WADE, President 1/24/01 321/779-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #