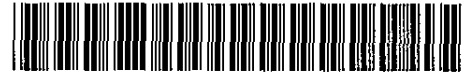


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 707351 1. Entity Name SATELLITE BEACH WOMAN'S CLUB, INC.	
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Principal Place of Business 320 LYNN AVE SATELLITE BEACH FL 32937	Mailing Address P.O. BOX 372282 SATELLITE BEACH FL 32937-2282
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

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 WADE, KITTY 320 LYNN AVE SATELLITE BEACH FL 32937	
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADE, KITTY 320 LYNN AVE SATELLITE BEACH FL 32937 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HIGGINSON, SUZANNE 1175 SR A1A #707 SATELLITE BEACH FL 32937 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ANDERSON, DEE 180 DESOTO PARKWAY SATELLITE BEACH FL 32937 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROACH, JEANNE 1236 YACHT CLUB BLVE INDIAN HARBOUR BEACH FL 32937 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KINTIGH, ANN 255 LYNN AVE SATELLITE BEACH FL 32937 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, SADIE 685 GRANT AVE SATELLITE BEACH FL 32937 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000320812 04/21/05-80052-025 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sadie M. Baker, Treasurer
Sadie M. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/19/05 (32) 777-0996
Date Daytime Phone #