2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 707351

1. Entity Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
320 LYNN AVE SATELLITE BEACH FL 32937	P.O. BOX 372282 SATELLITE BEACH FL 32937-2282

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	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

WADE, KITTY
320 LYNN AVE
SATELLITE BEACH FL 32937

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 _____
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, 2006

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	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WADE, KITTY		NAME	U00000436404
STREET ADDRESS	320 LYNN AVE		STREET ADDRESS	02/27/06-80036-004 61.25
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HIGGINSON, SUZANNE		NAME	
STREET ADDRESS	1175 SR A1A #707		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ANDERSON, DEE		NAME	
STREET ADDRESS	180 DESOTO PARKWAY		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ROACH, JEANNE		NAME	
STREET ADDRESS	1236 YACHT CLUB BLVE		STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	KINTIGH, ANN		NAME	
STREET ADDRESS	255 LYNN AVE		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BAKER, SADIE		NAME	
STREET ADDRESS	685 GRANT AVE		STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.