2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-03-2003 90136 029 ****61.25
707351

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707351

1. Entity Name
SATELLITE BEACH WOMAN'S CLUB, INC.

corrected report resubmitted but not received. Reinstated w/o penalty

22000122

Principal Place of Business	Mailing Address
320 LYNN AVENUE SATELLITE BEACH FL 32937-3423	P.O. BOX 372282 SATELLITE BEACH FL 32937-2282

REINSTATEMENT ☒ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
151 GREENACRE DR SE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PALM BAY FL	
City & State	City & State
32909 BREVARD	
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	7. Name and Address of New Registered Agent
WADE, KITTY 320 LYNN AVENUE SATELLITE BEACH FL 32937	Name: SARA E CASTELLI Street Address (P.O. Box Number is Not Acceptable): 151 GREENACRE DR SE City: PALM BAY FL 32909 State: 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: Sara E Castelli SARA E CASTELLI 1-27-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	PRES SARA E CASTELLI 151 GREENACRE DR SE PALM BAY FL 32909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIDSON, BETH 443 BRIDGETOWN COURT SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EVELYN MARTIN 477 LANTERN BACK ISLAND DR SATELLITE BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HIGGINSON, SUZANNE 1175 HWY A1A #707 SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOAN GLASS 678 CARIBEAN RD SATELLITE BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROYER, PAT 310 CHERRY DR. SATELLITE BCH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAREN CRANDALL 596 Vera CRUZ BLVD INDIALANTIC FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONNELL, KATHY 492 RED SAIL WAY SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAROLE STEVENS 37 ANCHOR D INDIAN HARBOR BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'DONNELL, E. LYNNE 245 ORANGE ST. SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLISON McGUFFIE 460 LAUREL ST SATELLITE BEACH FL 32937	☐ Change ☒ Addition

CR2E037 (10/02)

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: Sara E Castelli REQ SARA E CASTELLI 1-27-03 3217252902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #