

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710264 (3)

1. Corporation Name
FORT LAUDERDALE WOMAN'S CLUB, INC.

Principal Place of Business Mailing Address
15 SE 1ST ST AT ANDREWS AVE FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/10/1966** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-0673290** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HELLRUNG, RUTH M.
1010 SOUTH OCEAN BLVD., #817
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, LEONA B	1.2 NAME	O'REILLY, MARI
STREET ADDRESS	777 BAYSHORE DR #803	1.3 STREET ADDRESS	1617 S.E. 15th St.
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33316
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, MARI	2.2 NAME	MARABLE, GLADYS
STREET ADDRESS	1617 SE 15TH ST #305	2.3 STREET ADDRESS	2500 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301
TITLE	VD	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGER, MIRIAM	3.2 NAME	LANE, VIRGINIA
STREET ADDRESS	1780 E LAS OLAS BLVD #35	3.3 STREET ADDRESS	401 RIVIERA ISLE DR.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301
TITLE	SD	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLETIER, BETTY	4.2 NAME	CARTWRIGHT, DOROTHY
STREET ADDRESS	6821 E TROPICAL WAY	4.3 STREET ADDRESS	2417 N.E. 27th TER.
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33305
TITLE	TD	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMO, OLGA	5.2 NAME	KASKA, JANET
STREET ADDRESS	2124 SE 19TH ST.	5.3 STREET ADDRESS	345 N. ATLANTIC BLVD., #907
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301
TITLE	SC	6.1 TITLE	SC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLRUNG, RUTH M	6.2 NAME	SAUGSTAD, ELIZABETH
STREET ADDRESS	1010 SOUTH OCEAN BLVD. #817	6.3 STREET ADDRESS	818 S.E. 4th ST., #207
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Olga C. Adamo **OLGA C. ADAMO, Treasurer** Apr. 25, 1995 305 524-2737
Signature and Type in Printed Name of Signing Officer or Director Date Telephone #