

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **710264** (3)

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



Principal Place of Business 15 SE 1ST ST AT ANDREWS AVE FT LAUDERDALE FL 33301	Mailing Address 15 SE 1ST ST AT ANDREWS AVE FT LAUDERDALE FL 33301
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3. Date Incorporated or Qualified 01/10/1966	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0673290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

82. Street Address (P.O. Box Number is Not Acceptable)
2701 MIDDLE RIVER DRIVE

83. City
FORT LAUDERDALE FL

85. Zip Code
33306

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **DOROTHY DUDA, TREASURER** *Dorothy Duda* **4/2/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	BARBER, LEONA B 777 BAYSHORE DR #803 FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> DELETE
TITLE VD	O'REILLY, MARI 1617 SE 15TH ST #305 FT LAUDERDALE FL 33315	<input checked="" type="checkbox"/> DELETE
TITLE VD	BELLINGER, MIRIAM 1790 E LAS OLAS BLVD #35 FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE
TITLE SD	PELLETIER, BETTY 6821 E TROPICAL WAY PLANTATION FL 33317	<input checked="" type="checkbox"/> DELETE
TITLE TD	ADAMO, OLGA 2124 SE 19TH ST. FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE SC	HELLRUNG, RUTH M 1010 SOUTH OCEAN BLVD. #817 POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME O'REILLY, MARI	
1.3 STREET ADDRESS 1617 SE 15TH ST #305	
1.4 CITY - ST - ZIP FT LAUDERDALE FL 33315	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BARBER, LEONA	
2.3 STREET ADDRESS 777 BAYSHORE DR #803	
2.4 CITY - ST - ZIP FT LAUDERDALE FL 33304	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME KASKA, JANET	
3.3 STREET ADDRESS 345 N ATLANTIC BLVD #907	
3.4 CITY - ST - ZIP FT LAUDERDALE FL 33304	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME CARTWRIGHT, DOROTHY	
4.3 STREET ADDRESS 2417 NE 27TH TER	
4.4 CITY - ST - ZIP FT LAUDERDALE FL 33305	
5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DUDA, DOROTHY	
5.3 STREET ADDRESS 2701 MIDDLE RIVER DR #14	
5.4 CITY - ST - ZIP FT LAUDERDALE FL 33306	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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: *Dorothy Duda* **DOROTHY DUDA** **4/2/96** **563-1517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)