

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710264

**FILED**  
**Jan 30, 2004**  
**Secretary of State**

**Entity Name:** FORT LAUDERDALE WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

15 SE 1ST ST AT ANDREWS AVE  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

15 SE 1ST ST AT ANDREWS AVE  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 59-0673290      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINDE, PATRICIA  
1502 SOUTHWEST 29 ST  
FORT LAUDERDALE, FL 33315

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HINDE, PATRICIA  
Address: 1502 SOUTHWEST 29 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: PAYNE, BEVERLY  
Address: 2790 OLD ORCHARD ROAD  
City-St-Zip: DAVIE, FL 33328

Title: VPD ( ) Delete  
Name: PREZIOSI, CATHERINE  
Address: 9441 HOLLYHOCK COURT  
City-St-Zip: DAVIE, FL 33328

Title: TD ( ) Delete  
Name: HOOD, GLORIA  
Address: 3156 PEACHTREE CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: RSD ( ) Delete  
Name: DUDA, DOROTHY  
Address: 2701 MIDDLE RIVER DR # 14  
City-St-Zip: FORT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: DIXON, JUDY  
Address: 3317 WATER OAKS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VPD (X) Change ( ) Addition  
Name: PAYNE, BEVERLY  
Address: 2790 OLD ORCHARD ROAD  
City-St-Zip: DAVIE, FL 33328

Title: PD (X) Change ( ) Addition  
Name: PREZIOSI, CATHERINE  
Address: 9441 HOLLYHOCK COURT  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA J. HOOD

TD

01/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date