2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State 03-03-2005 90177 019 ****61.25

DOCUMENT # 710264 1. Entity Name FORT LAUDERDALE WOMAN'S CLUB, INC.					03-03-20	05 90177 019 ****	61.25	
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			300ec	טוטן		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		022620	05 Chg-NP	CR2E037 (10/03))	
City & State		City & State		4. FEI N 59-	umber 0673290	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certif	cate of Status Desire	_ \$9.75 A	dditional	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of No	w Registered Agent		
			Name					
HINDE, PATRICIA 1502 SOUTHWEST 29 ST			Street A	Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE, FL 33315			293	2933 SW 53rd Street				
			Car			7:- (7:-	-1-	
			Füry	Laudeca	iale	FL 333	312	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	gistered office o	r registered agent, o	or both, in the State of		h, and accept	
	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: R	legistered Agent signat	ure required when reinstati	ng)	DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 Added to	flay Be	Make check payable Florida Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE	9. Election Camp Trust Fund Cor	eaign Financing ntribution.	S5.00 A Added to ADDITIONS	lay Be Fees	Make Check payable Florida Department of FICERS AND DIRECTORS	State IN 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE SD DIXON, JUDY 3317 WATER OAKS DRIVE HOLLYWOOD, FL 33021 VPD	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD Kimberly	tey Be Fees S/CHANGES TO OFF Devlin As Olas Bi	Make check payable Florida Department of FICERS AND DIRECTORS Change	State IN 10 : Addition	
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12. I hereby certify that the information supplied with this fitting 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: .

Mathleen Shurte SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

954-357-6710