

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# 710264

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
2933 SOUTHWEST 53RD STREET
FORT LAUDERDALE, FL 33312 US

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: SD () Delete
Name: DEVLIN, KIMBERLY
Address: 1314 EAST LAS OLAS BOULEVARD #107
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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

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

Title: TD () Delete
Name: SHURTLE, KATHLEEN
Address: 5495 NORTHEAST 25TH AVENUE #306
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: RSD () Delete
Name: WESTIN, EMMA LYNN
Address: 7060 NOVA DRIVE #205
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: COX, JUNE
Address: 1000 SW 12 ST. - #310-B
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: VPD (X) Change () Addition
Name: SAKHNOVSKY, ALICE
Address: 455 SW 5 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: PD (X) Change () Addition
Name: HOOD, GLORIA J
Address: 3156 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: TD (X) Change () Addition
Name: DISALVATORE, ROANNE
Address: 3155 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328

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 Chapter 119, 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

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date