


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90058 019 ****61.25

DOCUMENT # 710264			
1. Entity 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 <i>Delete</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2487	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE, FL	
4. FEI Number 59-0673290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINDE, PATRICIA 2933 SOUTHWEST 53RD STREET FORT LAUDERDALE, FL 33312 <i>Delete</i>		7. Name and Address of New Registered Agent Name: <i>NOLA Richardson, Esq.</i> Street Address (P.O. Box Number is Not Acceptable): <i>8142 North University Drive</i> City: <i>TAMARAC, FL</i> Zip Code: <i>33321</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>N.M. Richardson, Esq.</i>		DATE: <i>5-18-07</i>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<i>SB</i>	TITLE	<i>TD</i>
NAME	COX, JUNE	NAME	
STREET ADDRESS	1000 SW 12 ST. - #310-B	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SAKHNOVSKY, ALICE	NAME	
STREET ADDRESS	455 SW 5 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	PD	TITLE	<i>PD</i>
NAME	HOOD, GLORIA J	NAME	<i>Helen Von SALZEN</i>
STREET ADDRESS	3156 PEACHTREE CIRCLE	STREET ADDRESS	<i>2112 N.E. 44TH STREET</i>
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33308</i>
TITLE	TD	TITLE	<i>SD</i>
NAME	DISALVATORE, ROANNE	NAME	<i>ALEXANDRA DANBURG</i>
STREET ADDRESS	3155 PEACHTREE CIRCLE	STREET ADDRESS	<i>46 CASTLE HARBOR ISLE</i>
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33308</i>
TITLE	RSD	TITLE	<i>2nd VPD</i>
NAME	WESTIN, EMMA LYNN	NAME	<i>Lianne MARGUEZ</i>
STREET ADDRESS	7060 NOVA DRIVE #205	STREET ADDRESS	<i>3233 N.E. 32 Ave. APT. # 403</i>
CITY-ST-ZIP	DAVIE, FL 33317	CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33308</i>
TITLE		TITLE	<i>CORRESPONDING SECRETARY</i>
NAME		NAME	<i>Emily FARRELL</i>
STREET ADDRESS		STREET ADDRESS	<i>2907 N.W. 9TH TERRACE</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>WILTON MANORS, FL 33311</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Gloria J. Hood</i>		DATE: <i>5-11-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>(954) 473-2629</i>	

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