

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714366

1. Entity Name
EAST PALMETTO WOMENS CLUB, INC.



FILED
04 FEB 27 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1600 8TH AVE. EAST 1600 8TH AVE. EAST
PALMETTO FL 34221 PALMETTO FL 34221
US US

2. Principal Place of Business 3. Mailing Address

1600 8th Ave. East Suite, Apt. #, etc.

City & State City & State

Palmetto, Florida City & State

Zip Country Zip Country

34221 *FL* Zip Country


4. FEI Number Applied For

59-2456840 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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MOORE CR2E037 (11/03)



6. Name and Address of Current Registered Agent

DANIELS, EVA
1801 5TH AVE WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Eva D. Daniels* DATE *2/23/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE NAME | PD DANIELS, EVA <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1801 5TH AVE WEST | STREET ADDRESS | |
| CITY-ST-ZIP | PALMETTO FL 34221 | CITY-ST-ZIP | |
| TITLE NAME | SD SIMMONS, DOROTHY <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3004 9TH AVE. DR., E. | STREET ADDRESS | 100031287241 |
| CITY-ST-ZIP | PALMETTO FL 34221 | CITY-ST-ZIP | 03/26/04--01094--003 **122.50 |
| TITLE NAME | TD BALKMAN, MELDORE <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 210 15TH ST. W. | STREET ADDRESS | |
| CITY-ST-ZIP | PALMETTO FL 34221 | CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing 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: *Melrose L. Balkman* DATE: *2/23/04* DAYTIME PHONE: *941-722-8764*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #