


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90073 009 ****61.25

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

| | | |
|---|---|---|
| DOCUMENT # 739973 1. Entity Name THE UNIQUE WOMEN'S CLUB, INCORPORATED | |  |
| Principal Place of Business 2016 NW 31ST PL GAINESVILLE, FL 32605 US | | Mailing Address 2016 NW 31ST PL GAINESVILLE, FL 32605 US |
| 2. Principal Place of Business 1615 NW 192nd Avenue Suite, Apt. #, etc. | 3. Mailing Address 1615 NW 192nd Avenue Suite, Apt. #, etc. | |
| City & State Gainesville, FL | | City & State Gainesville, FL |
| Zip 32609 | Country Country | 4. FEI Number 59-2539266 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent DOBY, GENEVA 2016 NW 31ST PL. GAINESVILLE, FL 32605 | | 7. Name and Address of New Registered Agent Name Geraldine H. Singleton Street Address (P.O. Box Number is Not Acceptable) 1615 NW 192nd Avenue City Gainesville FL 32609 |
| 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 Geraldine H. Singleton, President <i>Geraldine H. Singleton</i> 04/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 PD <input checked="" type="checkbox"/> Delete NAME DOBY, GENEVA STREET ADDRESS 2016 NW 31ST PL CITY-ST-ZIP GAINESVILLE, FL 32605 | TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Geraldine H. Singleton STREET ADDRESS 1615 NW 192nd Avenue CITY-ST-ZIP Gainesville, FL 32609 | |
| TITLE S <input checked="" type="checkbox"/> Delete NAME DOUGLAS, ALTAMEASE STREET ADDRESS 21316 N STATE RD 235 CITY-ST-ZIP BROOKER, FL 32622 | TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Abbie Banks STREET ADDRESS 22425 N. State Road 235 CITY-ST-ZIP Brooker, FL 32622 | |
| TITLE T <input checked="" type="checkbox"/> Delete NAME SINGLETON, BETTY J STREET ADDRESS 1926 N.E. 192ND AVENUE CITY-ST-ZIP GAINESVILLE, FL 32609 | TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Ruth Strawder STREET ADDRESS 15805 NE 12th Terrace CITY-ST-ZIP Gainesville, FL 32609 | |
| TITLE D <input checked="" type="checkbox"/> Delete NAME NORRIS, BERIA STREET ADDRESS 215 N.W. 192ND AVE CITY-ST-ZIP GAINESVILLE, FL 32609 | TITLE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Betty Young STREET ADDRESS 317 NW 192nd Avenue CITY-ST-ZIP Gainesville, FL 32609 | |
| TITLE VP <input checked="" type="checkbox"/> Delete NAME BANKS, PEARL STREET ADDRESS 515 NW 192ND AVE CITY-ST-ZIP GAINESVILLE, FL 32609 | TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Altamease C. Douglas STREET ADDRESS 21316 N. State Road 235 CITY-ST-ZIP Brooker, FL 32622 | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: Geraldine H. Singleton <i>Geraldine H. Singleton</i> 4/19/04 (352) 485-1390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |