


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 739973
 1. Entity Name
THE UNIQUE WOMEN'S CLUB, INCORPORATED



Principal Place of Business Mailing Address
 1615 NW 192ND AVE. 1615 NW 192ND AVE.
 GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US

DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2539266 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SINGLETON, GERALDINE H
 1615 NW 192ND AVE.
 GAINESVILLE, FL 32609

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

DATE: 02/09/05-80007-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINGLETON, GERALDINE H
STREET ADDRESS	1615 NW 192ND AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	V
NAME	BANKS, ABBIE
STREET ADDRESS	22425 N. STATE ROAD 235
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	S
NAME	STRAWDER, RUTH
STREET ADDRESS	15805 NE 12TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	M
NAME	YOUNG, BETTY
STREET ADDRESS	317 NW 192ND AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	ALTAMEASE, DOUGLAS C
STREET ADDRESS	21316 N. STATE ROAD 235
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ruth C. Strawder Date: 2/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #