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

SIGNATURE:

Feb 26, 2004 8:00 am Secretary of State DOCUMENT # N01000004636 1. Entity Name 02-26-2004 90022 035 ****61.25 DANIA WOMAN'S CLUB, INC. Principal Place of Business Mailing Address 17 NW 1ST AVE PO BOX 1638 DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-1120666 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARMEN LAPIN, DIANE Street Address (P.O. Box Number is Not Acceptable) 3800 S. OCEAN DRIVE #609 HOLLYWOOD FL 33019 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE MILE LAPIN, DIANE NAME NAME PO BOX 1638 STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition CONNOR, NORMA NAME NAME PO BOX 1638 STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change PHILOMENA LENNON SLOAN,-DORIS NAME 809 ARGONAUT ISLE PO BOX 1638 STREET ADDRESS STREET ADDRESS 33004 DANIA BEACH FL 33004 DANIA BEACH CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete CARMEN HENDOZA 131 SE BRI AVE \$406 DISCHER, JEAN NAME NAME 1305 N. 12TH COURT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supply normal 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 of 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 of the property of the prop

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