

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05110 (4)**  
1. Corporation Name  
**REDLANDS WOMAN'S CLUB, INC.**



Principal Place of Business: 19346 SW 262 ST. HOMESTEAD FL 33031  
Mailing Address: 19346 SW 262 ST. HOMESTEAD FL 33031

3. Date Incorporated or Qualified  
**09/12/1984**

4. FEI Number: **59-2448704**  
Applied For:  Not Applicable:

2. Principal Place of Business (21) 2a. Mailing Address (26)

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

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

City & State (23) City & State (28)

7. Is this nonprofit corporation a homeowners association?  Yes  No

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**STRANO, LORENE  
25450 SW 193RD AVE.  
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANO, LORENE	1.2 NAME	
STREET ADDRESS	25450 SW 193RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, NORMA	2.2 NAME	
STREET ADDRESS	19325 SW 344 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	CSDC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, BEATRICE S	3.2 NAME	
STREET ADDRESS	19346 SW 262 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	RSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, ANN	4.2 NAME	
STREET ADDRESS	19411 SW 308TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	CSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, NANCY	5.2 NAME	
STREET ADDRESS	19370 SW 280TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEE LUMB	6.2 NAME	
STREET ADDRESS	28550 SW 172 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice S. Creasman* **BEATRICE S. CREASMAN 6-5-98 305 238-8063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024008

CR2E037 (10/97)