

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

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

05-27-2004 90016 041 ****61.25

DOCUMENT # N05110

1. Entity Name

REDLANDS WOMAN'S CLUB, INC.



Principal Place of Business

PO BOX 902072
 HOMESTEAD FL 33030

Mailing Address

PO BOX 902072
 HOMESTEAD FL 33030

24077260



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2448704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREASMAN, BEATRICE S
 19346 SW 262ND ST
 HOMESTEAD FL 33031

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 _____ DATE _____
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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, CONNIE	
STREET ADDRESS	18320 SW 224 ST	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	T	<input type="checkbox"/> Delete
NAME	CREASMAN, BEATRICE S	
STREET ADDRESS	19346 SW 262 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCALLISTER, ANN	
STREET ADDRESS	19411 SW 308TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REDLICH, PATTY	
STREET ADDRESS	19500 SW 248 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, BEATRICE S.	
STREET ADDRESS	19346 SW 262 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, JOAN	
STREET ADDRESS	19901 SW 103 Ave.	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHWELL, AUDRA	
STREET ADDRESS	2310 S.E. 24th Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SATTERFIELD, NANCY	
STREET ADDRESS	14880 SW 258 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bridgham, Vicci	
STREET ADDRESS	18950 SW 240 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33031	

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: *Beatrice S. Creasman, Beatrice S. Creasman* 5-24-04 305-242-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #