


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 018 ****70.00

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2448704				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CREASMAN, BEATRICE S 19346 SW 262ND ST HOMESTEAD, FL 33031			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 _____ <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, 2007		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	T	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, BEATRICE S		NAME	CREASMAN, BEATRICE S	
STREET ADDRESS	19346 SW 262 ST.		STREET ADDRESS	19346 SW 262 ST	
CITY-ST-ZIP	HOMESTEAD, FL		CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, JOAN		NAME	STOCKWELL, GEORGIANNA	
STREET ADDRESS	19901 SW 103 AVE		STREET ADDRESS	14291 SW 285 ST	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHWELL, AUDRA		NAME		
STREET ADDRESS	2310 SE 24TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRILL, MARY		NAME		
STREET ADDRESS	27805 SW 202 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN FLEET, BONNIE		NAME	TRENT, MARY JANE	
STREET ADDRESS	15790 SW 250TH ST		STREET ADDRESS	323 SW 200 CT	
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT, MARY JANE		NAME		
STREET ADDRESS	32305 SW 200 CT		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Beatrice S Creasman</i>		BEATRICE S CREASMAN		305-248-4517	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		4-6-07			