

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90096 017 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2448704**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALLISTER, ANN
19411 SW 308 ST
HOMESTEAD FL 33030**

Name **Beatrice S Creasman**
Street Address (P.O. Box Number is Not Acceptable)
19346 SW 262 ST
HOMESTEAD
City **FLORIDA** FL Zip Code **33031**

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 *Beatrice S Creasman* **Beatrice S Creasman** **2-28-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRANO, LORENE 25450 SW 193RD AVE. HOMESTEAD FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLEMING, CONNIE 18320 SW 224 ST GOULDS FL 33170	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASMAN, BEATRICE S 19346 SW 262 ST. HOMESTEAD FL	<input type="checkbox"/> Delete	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCALLISTER, ANN 19411 SW 308TH ST HOMESTEAD FL	<input type="checkbox"/> Delete	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REDLICH, PATTY 19500 SW 248 ST HOMESTEAD FL	<input type="checkbox"/> Delete	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEBERT, FAY 27235 SW 168 AVE HOMESTEAD FL 33031	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **2/28/03** **305-248-4517**

CR2E037 (10/02)