2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

DOCUMENT # N17632 1. Entity Name CITRUS HILLS WOMEN'S CLUB, INC.					03-17-2004 90018 043 ****61.25					
Principal Place of Business P. O. BOX 1494 PERNANDO, FL 34442 US P. O. BOX 1494 PERNANDO, FL 34442 P. O. BOX 1494 PERNANDO, FL 34442			US		14000308					
2. Principal P	ace of Business	3. Masing Address	. Mailing Address			: 3) 0 \$4 4 0 1 0 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 6 1 8 8 8 8		E(31 01 106)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0	3132004	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State		4.	FEI Numbe 59-295	2634		Not	plied For t Applicable	
Zip _⇒	Country,	Zip	Country	5.	Certificate	of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current	Registered Agent		7.	Name and	Address of New R	egistered A	gent		
SUPERSO	N IACKIE		Name	Bart	ava -	Fosse.		·		
842 MAN-0	•		Street Ad	ldress (P.O.	Box Numb	er is Not Acceptable	:)			
INVERNES	SS, FL 34453			322 W. Mickey Mantle Path						
			City	1.	rnani	20	FL	Zip Code	uu 2.	
	named entity submits this statement for	r the purpose of changing its re	egistered office or r	registered a	agent, or bo	th, in the State of Flo	rida. I am fa	amiliar with,	and accept	
 the obligat 	ions of registered agent.								. '	
0,000	Doubles L. 1	n <i>l 1 0</i>				3	-15-	-04		
SIGNATURE Signature, most or printed name of registered agent and title (if applicable. (INOTE: Registered Agent signature required when reinstating) DATE										
3.7	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signatur	re required when	n reinstating)	•	DAIL		j	
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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:	Claudia ast Hilaire, Freasurer	3/15/04 ((352)726-6860
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #