

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N50380

(7)

1. Corporation Name

MARGATE WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

6960 NW 6TH CT  
MARGATE FL 33063-4304  
US

6960 NW 6TH CT  
MARGATE FL 33063-4304  
US

3. Date Incorporated or Qualified

08/15/1992

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6196193

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEWALD, RUTH  
6960 NW 6TH CT  
MARGATE FL 33063

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

*Ruth S. Dewald*

RUTH S. DEWALD

04/10/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ISABEL	
STREET ADDRESS	6820 MARGATE BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITHS, MARIAN	
STREET ADDRESS	6201 NW 9TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOW, DOROTHY	
STREET ADDRESS	6517 CORAL LAKE DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEWALD, RUTH	
STREET ADDRESS	6960 NW 6TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANESE, EVELYN	
STREET ADDRESS	1125 NW 69TH AVE	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GISRIEL, JANE	
1.3 STREET ADDRESS	8901 NW 38TH DR	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHMIDLE, DOROTHY	
2.3 STREET ADDRESS	9725 NW 75TH ST	
2.4 CITY-ST-ZIP	TAMARAC FL 33321	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAGENNIS, MARY	
3.3 STREET ADDRESS	6915 NW 17TH COURT	
3.4 CITY-ST-ZIP	MARGATE FL 33063	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Ruth S. Dewald*

RUTH S. DEWALD

04/10/96

(954) 974-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)