


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90034 047 \*\*\*\*61.25


**DOCUMENT # N96000006362**  
1. Entity Name  
**WOMAN'S CLUB OF OLDSMAR, INC.**



Principal Place of Business: **207 EXETER ST  
OLDSMAR FL 34677**  
Mailing Address: **P.O. BOX 128  
OLDSMAR FL 34677**

2. Principal Place of Business: **SAME**  
3. Mailing Address: **SAME**

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

  
1st MOORE CR2E037 (10/04)  
4. FEI Number: **59-1691385**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JORGENSON, A JEAN  
104 SHORE DR PL  
OLDSMAR FL 34677**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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: PD NAME: JORGENSON, A JEAN STREET ADDRESS: 104 SHORE DR PL CITY-ST-ZIP: OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE: VD NAME: BOHR, JANE STREET ADDRESS: 505 OAKLEAF BLVD CITY-ST-ZIP: OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE: T NAME: NEELEY, PEGGY J STREET ADDRESS: 1811 IRONWOOD CT W CITY-ST-ZIP: OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE: S NAME: FITZGERALD, SHIRLEY STREET ADDRESS: 15 PINTAIL PL CITY-ST-ZIP: SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: *Peggy J. Neeley* PEGGY J. NEELEY (TREASURER) 3/10/05 (813) 855-3067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #