


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90162 037 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1691385**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

I, 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 _____
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JORGENSON, A JEAN	
STREET ADDRESS	104 SHORE DR PL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, ELIZABETH	
STREET ADDRESS	204 DUNKIRD RD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEELEY, PEGGY J	
STREET ADDRESS	1811 IRONWOOD CT W	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input type="checkbox"/> Delete
NAME	FITZGERALD, SHIRLEY	
STREET ADDRESS	15 PINTAIL PL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD SHIRLEY	
STREET ADDRESS	15 PINTAIL PL	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **TREASURER** Date: **21 January 2003** Daytime Phone #: **(813) 855-3026**

CR2E037 (10/02)