

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05110

**Entity Name:** REDLANDS WOMAN'S CLUB, INC.

**Current Principal Place of Business:**

16122 SW 287 STREET  
HOMESTEAD, FL 33033

**Current Mailing Address:**

PO BOX 902072  
HOMESTEAD, FL 33090

**FEI Number: 59-2448704**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HEESE, MARCIE  
16122 SW 287 STREET  
HOMESTEAD, FL 33033 US

*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.*

**SIGNATURE: MARCIE HEESE**

**04/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name MENESES, DORIS  
Address 35055 SW 214 AVENUE  
City-State-Zip: FLORIDA CITY FL 33034

Title VP/D  
Name WILLEM, LINDA  
Address 1287 SW 9 PLACE  
City-State-Zip: HOMESTEAD FL 33035

Title VP/D  
Name CANAVAN, LIZ  
Address 17352 SW 267 LANE  
City-State-Zip: HOMESTEAD FL 33031

Title T/D  
Name HEESE, MARCIE  
Address 16122 SW 287 STREET  
City-State-Zip: HOMESTEAD FL 33033

Title S/D  
Name CREASMAN, BEATRICE  
Address 19346 SW 262 STREET  
City-State-Zip: HOMESTEAD FL 33031

Title CORRESPONDING SECRETARY  
Name GILLEBAARD, JANET  
Address 19241 SW 318 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title PARLIAMENTARIAN  
Name KNOWLES, YVONNE  
Address 1697 N GOLDENEYE LANE  
City-State-Zip: HOMESTEAD FL 33035

Title AUDITOR  
Name HENDERSON, DOROTHY  
Address 2617 SE 19 COURT  
City-State-Zip: HOMESTEAD FL 33035

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARCIE HEESE**

**TREASURER**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            CHAPLAIN  
Name            HOURAN, LAURIE  
Address         30801 SW 195 AVE  
City-State-Zip:  HOMESTEAD FL 33030