

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2013

**Secretary of State
CC800009663**

DOCUMENT# N05110

Entity Name: REDLANDS WOMAN'S CLUB, INC.

Current Principal Place of Business:

21851 SW 256 STREET
HOMESTEAD, FL 33031

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:

PIERSON, PATRICIA A
21851 SW 256 STREET
HOMESTEAD, FL 33031 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:

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 BIERIE, MARIJO
Address 2395 SE 7 PLACE
City-State-Zip: HOMESTEAD FL 33033

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

Title T/D
Name PIERSON, PATRICIA A
Address 21851 SW 256 STREET
City-State-Zip: HOMESTEAD FL 33031

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 STOCKWELL, GEORGIANNA
Address 14291 SW 285 ATREET
City-State-Zip: HOMESTEAD FL 33033

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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: PATRICIA PIERSON

TREASURER

04/27/2013

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