

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90010 006 ****61.25

DOCUMENT # 704167 1. Entity Name OPA-LOCKA WOMAN'S CLUB, INC.					
Principal Place of Business 481 SHARAZAD BLVD. OPA LOCKA, FL 33054			Mailing Address C/O MARY VANDERLAAN 2970 N.W. 164TH STREET OPA LOCKA, FL 33054 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1412080	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VANDERLAAN, MARY C 2970 NW 164TH STREET OPA LOCKA, FL 33054				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. This 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOZYNSKI, CECELIA		NAME		
STREET ADDRESS	927 145TH ST NE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	VANDERLAAN, MARY C		NAME	MARY C. VANDERLAAN	
STREET ADDRESS	2970 NW 164TH STREET		STREET ADDRESS	2970 NW 164TH ST	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MUNK-MADSEN, MAXINE		NAME	MAXINE MUNK-MADSEN	
STREET ADDRESS	6765 AZALEA DR		STREET ADDRESS	6765 AZALEA DR	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	RS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BATSON, KATHERINE		NAME		
STREET ADDRESS	2910 N W 185TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	DCS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUNDERSON, HOLLIE R		NAME		
STREET ADDRESS	2970 NW 184TH ST		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	SUDOL, ROSE		NAME	Denise LaFrance	
STREET ADDRESS	480 NW 76 AVE BLDG APT 102		STREET ADDRESS	480 NW 76 AV, Bldg 1, Apt 102	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063	
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: <u>Maxine Munk-Madsen, Treasurer</u> 7/2/2004 963-0460 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44046845



03052004 Chg-NP CR2E037 (10/03)

TITLE V
NAME ROSE SUDOL
ST. ADDR. 480 NW 76 AVE BLDG 1, APT. 102
CITY-ST-ZIP MARGATE, FL 33063

TITLE P
NAME ROSE SUDOL
ST. ADDR. 480 NW 76 AV BLDG 1, APT. 102
CITY-ST-ZIP MARGATE, FL 33063

☒ CHANGE

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

7404684

This is a copy of
the original form
sent to you this
year. *MM, Treasurer*
original check dated 3/04/04.

DOCUMENT # 704167					
1. Entity Name OPA-LOCKA WOMAN'S CLUB, INC.					
Principal Place of Business 481 SHARAZAD BLVD. OPA LOCKA, FL 33054			Mailing Address C/O MARY VANDERLAAN 2970 NW 164TH STREET OPA LOCKA, FL 33054 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 16-1412080			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$2.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VANDERLAAN, MARY C 2970 NW 164TH STREET OPA LOCKA, FL 33054			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOZYNSKI, CECELIA		NAME		
STREET ADDRESS	927 146TH ST NE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	VANDERLAAN, MARY C		NAME	VANDERLAAN, MARY C.	
STREET ADDRESS	2970 NW 164TH STREET		STREET ADDRESS	2970 NW 164TH STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUNK-MADSEN, MAXINE		NAME		
STREET ADDRESS	6765 AZALEA DR		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	RS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BATSON, KATHERINE		NAME		
STREET ADDRESS	2910 N W 165TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	DCS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUNDERSON, HOLLIE R		NAME		
STREET ADDRESS	2970 NW 164TH ST		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SUDOL, ROSE		NAME	SUDOL, ROSE	
STREET ADDRESS	480 NW 76 AVE BLDG #102		STREET ADDRESS	480 NW 76 AVE BLDG #102	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE, FL 33063	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <u>Maxine Munk-Madsen, Treasurer</u> (953) 963-0460					

Attachment
704167
44046840

July 2nd, 2004



Maxine & Poul Munk-Madsen
6765 Azalea Drive
Miramar, FL 33023
954-963-0460 Fax: 963-8717

Dear Folks at FLORIDA DEPT. OF STATE:

This is the SECOND
TIME we are mailing
this to you!

We have CANCELLED
the FIRST CHECK, ^{#623 dated 3/04/04} today,
July 2nd, 2004, after
receiving your accusatory
offensive card that we
dissolve our club because
YOU didn't receive our check!
We don't control the Post Office or
your Gov't OFFICES, (but) my phone
number remains the same. You have
not phoned me! Please make sure
you credit us this time.

Respectfully, Maxine Munk-Madsen

NEW CHECK #638, dated 7/01/04, enclosed