


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90195 044 ****71.00

DOCUMENT # 706750 1. Entity Name FLORIDA ASSOCIATION OF WOMEN'S CLUBS, INC.					
Principal Place of Business 2443 N.E. 7TH STREET APT #1 OCALA, FL 34470 US			Mailing Address 2443 N.E. 7TH STREET APT #1 OCALA, FL 34470 US		
2. Principal Place of Business 14623 Pine Forest CT Suite, Apt. #, etc.			3. Mailing Address 14623 Pine Forest CT Suite, Apt. #, etc.		
City & State Clermont FL		City & State Clermont, FL		4. FEI Number 59-1059760	
Zip 34711		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, LOIS B 2443 N.E. 7TH STREET APT #1 OCALA, FL 34470				7. Name and Address of New Registered Agent Name <u>Dicks, Annette</u> Street Address (P.O. Box Number is Not Acceptable) <u>14623 Pine Forest Ct.</u> City <u>Clermont</u> FL Zip Code <u>34711</u>	
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 <u>Annette Dicks</u> <u>Annette Dicks</u> <u>4/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LOIS 2443 N.E. 7TH STREET, APT 1 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dicks, Annette 14623 Pine Forest Ct Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST DICKS, ANNETTE 14623 PINE FOREST CT CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST Richardson, Lillian 2317 SW 5th Street Ocala, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DIXON-JONES, MARIE 1520 NW 17TH AVENUE OCALA, FL 34475	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henderson, Fannie FST 1105 S. 7th Street Ft Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST TIBBS, LOUISE L 19 SAPHIRE ROAD OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYS Barrett, ROSA 1532 SE. Royal Green Cir #0-210 Port St Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYS MCELVY, JULIA G 3031 NW 7TH STREET FT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYS Barrett, ROSA 1532 SE. Royal Green Cir #0-210 Port St Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Annette Dicks</u> <u>Annette Dicks</u> <u>4/7/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					