

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90056 041 ****66.25

DOCUMENT # 708871

1. Entity Name

WOMEN CIVIC CLUB OF BELLE GLADE, INC.



Principal Place of Business

**1201 S.W. AVENUE E
BELLE GLADE FL 33430**

Mailing Address

**P O BOX 96
BELLE GLADE FL 33430**

54028410

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0740323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNKLEY, MARY F
548 S.W. 5TH ST
BELLE GLADE FL 33430**

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

Mary F Dunkley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/2004

DATE

**FILE NOW: 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

TITLE PD
NAME DUNKLEY, MARY F
STREET ADDRESS 548 S.W. 5TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE VPD
NAME AVERY, MORDINE
STREET ADDRESS 139PUFFIN CT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE SD
NAME TAYLOR, REBA
STREET ADDRESS 573 S.W. 11TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE TD
NAME GILULA, IDA A
STREET ADDRESS 841 SW AVE B
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Mary F Dunkley

MARY F. DUNKLEY

03-30-2004

Date

Daytime Phone #