


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2005 8:00 am**  
**Secretary of State**

08-10-2005 90016 017 \*\*\*\*61.25

<b>DOCUMENT # 70881</b>	
1. Entity Name <b>WOMEN CIVIC CLUB OF BELLE GLADE, INC.</b>	

Principal Place of Business <b>1201 S.W. AVENUE E BELLE GLADE FL 33430</b>	Mailing Address <b>P O BOX 96 BELLE GLADE FL 33430</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (5/05)

4. FEI Number <b>65-0740323</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>DUNKLEY, MARY F 548 S.W. 5TH ST BELLE GLADE FL 33430</b>		7. Name and Address of New Registered Agent Name <b>IDA A. Gilula</b> Street Address (P.O. Box Number is Not Acceptable) <b>841 S.W. Avenue B</b> <b>841 S.W. Avenue B</b> City <b>Belle Glade</b> FL <b>33430</b>	
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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 *IDA A. Gilula - Treasurer* *IDA A. Gilula* *8-5-2005*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUNKLEY, MARY F 548 S.W. 5TH STREET BELLE GLADE FL 33430 VPD</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MORDINE AVEAT 139 PUFFIN COURT Royal Palm Beach, FL 33404</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVERY, MORDINE 139PUFFIN CT ROYAL PALM BEACH FL 33411 SD</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DELORIS WHITE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Belle Glade, FL 33430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAYLOR, REBA 573 S.W. 11TH STREET BELLE GLADE FL 33430 TD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GILULA, IDA A 841 SW AVE B BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR Mae Bell Byrd 1224 S.W. Avenue C Belle Glade, FL 33430</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *IDA A. Gilula - IDA A. Gilula* *8/5/05* *561-996-0465*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dating Phone #