


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 014 ****70.00

DOCUMENT # 710167 1. Entity Name THE FLAGLER WOMAN'S CLUB, INC.					
Principal Place of Business 1524 SOUTH CENTRAL AVE. P.O. BOX 562 FLAGLER BEACH, FL 32136			Mailing Address 1524 SOUTH CENTRAL AVE. P.O. BOX 562 FLAGLER BEACH, FL 32136		
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 59-2355608	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, MARY ANN 1923 S. FLAGLER AVENUE FLAGLER BEACH, FL 32136				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNOR, DEBORAH		NAME	80 Surfview Drive #824	
STREET ADDRESS	3500 S. OCEANSHORE BLVD		STREET ADDRESS	Palm Coast, FL 32137	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAGNON, SALLY		NAME	Jane Cate, BVP	
STREET ADDRESS	1601 N. CENTRAL AVE		STREET ADDRESS	2490 S. Daytona Avenue	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEALY, JANE		NAME		
STREET ADDRESS	315 LAMBERT AVE		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KAY F		NAME		
STREET ADDRESS	24 S. FLAGLER AVE.		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOERKE, BETTY		NAME		
STREET ADDRESS	38 OCEAN PALM VILLAS NORTH		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOVAK, MARY PAGE		NAME		
STREET ADDRESS	441 COUNTY RD 325		STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
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: <i>Jane Mealy</i> Jane Mealy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/28/05 386-439-4811 <small>Date Daytime Phone #</small>		