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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90097 004 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 710998

1. Corporation Name

WOMAN'S CLUB OF DEERFIELD BEACH, INC.

Principal Place of Business

 910 HILLSBORO BOULEVARD
 P O BOX 437
 DEERFIELD BEACH FL 33443
 US

Mailing Address

 910 HILLSBORO BOULEVARD
 P O BOX 437
 DEERFIELD BEACH FL 33443
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/07/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1009533	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Trust Fund Contribution ☐					

 QUINN, LOLA
 105 NE 19TH VE APT 458D
 STE 320
 DEERFIELD BEACH FL 33441

 81 Name NADEAU, JEAN
 82 Street Address (P.O. Box Number is Not Acceptable)
 401 NE 19th AVE
 83 DEERFIELD BEACH
 84 City
 85 Zip Code FL 33441

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JEAN NADEAU
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 2-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES.
NAME	NADEAU, JEAN	1.2 NAME	
STREET ADDRESS	401 NE 19TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	TREAS.
NAME	NELSON, GLADYS	2.2 NAME	
STREET ADDRESS	333 N OCEAN BLVD #1710	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	Rec. Secy
NAME	POLLOTA PATRICIA	3.2 NAME	
STREET ADDRESS	3429 PALLADIAN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	CORR. Secy
NAME	ROYCE, EUNICE	4.2 NAME	
STREET ADDRESS	1445 SE 13 CT. #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	3rd V. P.
NAME	SULLIVN, ELLEN	5.2 NAME	
STREET ADDRESS	1812 KINGFISHER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN NADEAU
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)