2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 711769

1. Entity Name
NAPLES WOMAN'S CLUB

Principal Place of Business	Mailing Address
570 PARK STREET NAPLES, FL 34102 US	570 PARK STREET NAPLES, FL 34102 US

01162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0907298
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHORAYEB, FAY
216 COLONADE CIR.
NAPLES, FL 34103

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RAFFALDINI, THERESA
STREET ADDRESS	387 EDGEMERE WAY NORTH
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SD
NAME	WILLEY, BARBARA
STREET ADDRESS	1125 8TH AVE., NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VPD
NAME	DAHL, ARLEEN
STREET ADDRESS	5863 COBBLESTONE LN., FL 101
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VPD
NAME	GUTHRIE, CAROL
STREET ADDRESS	7786 NAPLES HERITAGE DR.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VPD
NAME	GHORAYEB, FAY
STREET ADDRESS	137 SECOND AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VPD
NAME	STENZ, PATRICIA
STREET ADDRESS	7846 HERITAGE DRIVE
CITY-ST-ZIP	NAPLES, FL 34112

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02/10/04-80034-015 70.00

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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: Theresa Raffaldini Theresa Raffaldini 2/04/04 (239)262-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #