


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

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90059 044 \*\*\*\*61.25

**DOCUMENT # 723208**  
1. Entity Name  
**JUNIOR WOMAN'S CLUB OF BOCA RATON, INC**



Principal Place of Business  
**6812 CALLE DEL PAZ N  
BOCA RATON FL 33433  
US**

Mailing Address  
**P.O. BOX 1005  
BOCA RATON FL 33432  
US**

2. Principal Place of Business  
**1661 S. W 7th Ave**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State  
City & State

Zip  
**33486**

Country  
**USA**



**MOORE CR2E037 (11/03)**

4. FEI Number  
**59-1828126**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEWIS, CHARLOTTE  
6812 CALLE DEL PAZ N  
BOCA RATON FL 33433**

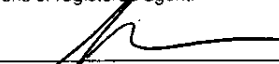
7. Name and Address of New Registered Agent  
Name  
**Sandra Sexton**

Street Address (P.O. Box Number is Not Acceptable)  
**1661 S. W 7th Ave**

City  
**Boca Raton**

FL Zip Code  
**33486**

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  **Sandra Sexton** DATE **3/10/04**

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

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

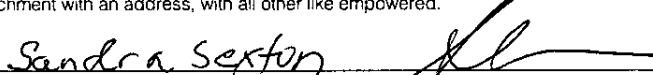
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MELGREN, MARY<br>2601 NW 31ST ST<br>BOCA RATON FL 33434          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>AUFENANGER, BARBARA<br>2700 NW 26TH ST<br>BOCA RATON FL 33434   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BAGDASARIAN, PAMELA<br>1561 SW 21ST LANE<br>BOCA RATON FL 33486 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | LEWIS, CHARLOTTE<br>6812 CALLE DEL PAZ N<br>BOCA RATON FL 33433        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CS<br>DIETZ, LAURIE<br>147 OREGON LANE<br>BOCA RATON FL 33487          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RS<br>WAGNER, BONNIE<br>21558 SAN GERMAINE AVE<br>BOCA RATON FL 33433  | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Joyce Slivka<br>4801 NW 25th Way<br>Boca Raton FL 33434                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Sandra Sexton<br>1661 S. W. 7th Ave<br>Boca                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | secretary recording<br>Christie Secreto<br>10470 Stonebridge Blvd<br>Boca Raton FL 33498 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | secretary corresponding<br>810 NE 77th St<br>Boca Raton FL 33487                         | <input checked="" 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:  DATE **3/10/04** DAYTIME PHONE # **561 3688966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #