

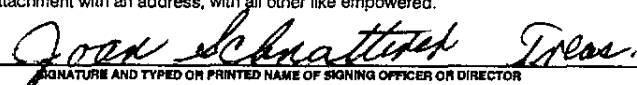


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 727553						
1. Entity Name WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, INC.						
Principal Place of Business POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405	Mailing Address POST OFFICE BOX 1405 SAFETY HARBOR, FL 34695-8405					
DO NOT WRITE IN THIS SPACE						
		 01102005 No Chg-NP CR2E037 (10/03)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 59-6522475</td><td style="width: 20%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-6522475	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-6522475	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
SCHNATTERER, JOAN 55 HARBOR WOODS CIRCLE SAFETY HARBOR, FL 34695		DO NOT WRITE IN THIS SPACE				
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: 3-16-2005				
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				
10. OFFICERS AND DIRECTORS						
TITLE	TD	DO NOT WRITE IN THIS SPACE				
NAME	SCHNATTERER, JOAN					
STREET ADDRESS	55 HARBOR WOODS CIRCLE					
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					
TITLE	P					
NAME	BUKOWSKI, EILEEN					
STREET ADDRESS	57 7TH ST N	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					
TITLE	S					
NAME	HEDGES, RUTH					
STREET ADDRESS	2367 D. FLANDERS WAY					
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					
TITLE	D	DO NOT WRITE IN THIS SPACE				
NAME	HARROLD, HILDA					
STREET ADDRESS	235 TUCKER STREET					
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					
TITLE	VP					
NAME	AGIN, BARBARA					
STREET ADDRESS	1912 NORTHFORK CR.	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	CLEARWATER, FL 33760					
TITLE	D					
NAME	HOOLIHAN, CHARLOTTE					
STREET ADDRESS	1736 LAKE CYPRESS DR					
CITY-ST-ZIP	SAFETY HARBOR, FL 34695					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-16-2005 (727) 725-2403				