

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727937

FILED
Apr 14, 2004
Secretary of State

Entity Name: ARLINGTON WOMAN'S CLUB HOLDING CORPORATION

Current Principal Place of Business:

5714 ARLINGTON RD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

5714 ARLINGTON RD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0933692 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COMBS, JANICE
2603 S PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082 US

Name and Address of New Registered Agent:

COMBS, JANICE
2473 DEN STREET
ST. AUGUSTINE, FL 32092 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/14/2004

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PADGETT, FRANCES,
Address: 2914 SALEM COURT
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: HARTSOCK, ISABEL,
Address: 2260 UNIVERSITY BLVD N #65
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: COMBS, JANICE
Address: 2603 S PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: T () Delete
Name: ELKINS, ROBERTA
Address: 4251 MONUMENT RD H601
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: FOWLER, ALTHEA M
Address: 1331 GRIFLET RD.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: COMBS, JANICE
Address: 2473 DEN STREET
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE L. COMBS

Electronic Signature of Signing Officer or Director

PRES

04/14/2004

Date