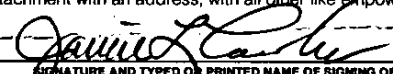


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 010 ****61.25

DOCUMENT # 727937					
1. Entity Name ARLINGTON WOMAN'S CLUB HOLDING CORPORATION					
Principal Place of Business 5714 ARLINGTON RD JACKSONVILLE, FL 32211			Mailing Address 5714 ARLINGTON RD JACKSONVILLE, FL 32211		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03082005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0933692				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMBS, JANICE 2473 DEN STREET ST. AUGUSTINE, FL 32092			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME PADGETT, FRANCES STREET ADDRESS 2914 SALEM COURT CITY-ST-ZIP JACKSONVILLE, FL 32277	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VP NAME HARTSOCK, ISABEL STREET ADDRESS 2260 UNIVERSITY BLVD N #65 CITY-ST-ZIP JACKSONVILLE, FL 32211	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE VD NAME COMBS, JANICE STREET ADDRESS 2473 DEN STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32092	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME ELKINS, ROBERTA STREET ADDRESS 4251 MONUMENT RD H601 CITY-ST-ZIP JACKSONVILLE, FL 32225	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE S NAME FOWLER, ALTHEA M STREET ADDRESS 1331 GRIFLET RD. CITY-ST-ZIP JACKSONVILLE, FL 32211	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			3/7/05 904-940-0440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		