2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730830

1. Entity Name

WOMEN'S CLUB OF OUR LADY QUEEN OF MARTYRS, INC.

0046331

Principal Place of Business	Mailing Address
2731 SW 11TH COURT FT. LAUDERDALE FL 33312-2901	2731 SW 11TH COURT FT. LAUDERDALE FL 33312-2901

✓ 00684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip / Country	Zip / Country	

4. FEI Number 59-0816456	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
KLOEPFER, B. ANGELINE 404 SE 9TH COURT FT. LAUDERDALE FL 33316	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.

SIGNATURE _____

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	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** NAME **KLOEPFER, B. ANGELINE** STREET ADDRESS **404 SE 9TH COURT** CITY-ST-ZIP **FT. LAUDERDALE FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **SHORTELE, KATHLEEN** STREET ADDRESS **3041 SW 22ND ST.** CITY-ST-ZIP **FT. LAUDERDALE FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **BARTER, HEDY** STREET ADDRESS **620 GLENWOOD LANE** CITY-ST-ZIP **PLANTATION FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **REH, DOROTHY M.** STREET ADDRESS **9975 NW 2ND CT.** CITY-ST-ZIP **PLANTATION FL**	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: _Dorothy M. Reh_ SD   1/10/01   1-954-583-8725

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