

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

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90141 003 \*\*\*\*61.25

**DOCUMENT # 730830**  
 1. Entity Name  
**WOMEN'S CLUB OF OUR LADY QUEEN OF MARTYRS, INC.**



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

Mailing Address  
**2731 SW 11TH COURT  
 FT. LAUDERDALE, FL 33312-2901**

**50065348**



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

08312005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-0816456**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**KLOEPFER, B. ANGELINE  
 404 SE 9TH COURT  
 FT. LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent  
 Name **Virginia J. Peterson, Treasurer**  
 C/o Our Lady Queen of Martyrs Church  
**2731 SW 11TH COURT**  
 City **Ft. Lauderdale, FL** Zip Code **33312**

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 **Virginia J. Peterson** *Virginia J. Peterson* **09-01-05**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JORGENSEN, MARCIA 5361 SW 8TH COURT PLANTATION, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARR, Marianne 2640 S.W. 19 <sup>th</sup> St. Ft. Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCLAFANI, ANN 7477 NW 1ST MANOR PLANTATION, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, Carol 1140 N.W. 70 <sup>th</sup> Ter Plantation, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WETZEL, HELEN 2096 SW 27TH AVE FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, Virginia 3309 S.W. 15 <sup>th</sup> Ct. Ft. Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, VIRGINIA 3309 SW 15TH COURT FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCKLAND, Kay 1462 S.W. 16 <sup>th</sup> Ter Ft. Lauderdale, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(f), 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: *Virginia J. Peterson* **09-01-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #