

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 734442

1. Entity Name

ARCADIA WOMAN'S CLUB, INC.



Principal Place of Business

2288 N. AMERICAN LEGION WAY
ARCADIA FL 34265-0204
US

Mailing Address

WEST HICKORY STREET (OLD BRADENTON R
P.O. BOX 204
ARCADIA FL 34265-0204
US

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

59-2366309

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

VARNER, IRIS
2943 SE CREEKWOOD
ARCADIA FL 33821

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

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
Due By May 1, 2004

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

TITLE PD ☐ Delete
NAME MCCALL, DORATHEA
STREET ADDRESS 3413 RT 31 SE
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ Delete
NAME VARNER, IRIS
STREET ADDRESS 2943 SE CREEKWOOD DR
CITY-ST-ZIP ARCADIA FL 34266

TITLE VD ☐ Delete
NAME PARKER, BETTY
STREET ADDRESS 5484 SE BROWN RD
CITY-ST-ZIP ARCADIA FL 34266

TITLE SD ☐ Delete
NAME ARRINGTON, MARY
STREET ADDRESS 1525 SE TANGELO DR
CITY-ST-ZIP ARCADIA FL 34266

TITLE TD ☐ Delete
NAME MILLER, ELIZABETH
STREET ADDRESS 4875 S E APACHE RD
CITY-ST-ZIP ARCADIA FL 34266

TITLE CS ☐ Delete
NAME BLACKMON, VIRGINIA
STREET ADDRESS 905 SE CHARLES ST
CITY-ST-ZIP ARCADIA FL 34266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U00000035596
STREET ADDRESS 02/06/04-80024-016 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ELIZABETH K MILLER Elizabeth K Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

863/494-4897

Date

Daytime Phone #