

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 735230**

1. Entity Name

**THE LAKE SHORE WOMAN'S CLUB, INC.**

Principal Place of Business

**2352 LAKE SHORE BLVD.  
JACKSONVILLE FL 32210**

Mailing Address

**2352 LAKE SHORE BLVD.  
JACKSONVILLE FL 32210**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-1422394**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BRYANT, CECILIA  
1400 PRUDENTIAL DR. #3  
JACKSONVILLE FL 32207****7. Name and Address of New Registered Agent**

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**

TITLE	TP	<input type="checkbox"/> Delete
NAME	HARRIS, JEANNIE	
STREET ADDRESS	2029 BO PEEP DR, WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32210-2915	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BRADSTREET, SUE	
STREET ADDRESS	1019 HILLOCK DR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HILL, DOROTHY	
STREET ADDRESS	1005 HILLOCK DR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORTON, CECILIA	
STREET ADDRESS	6941 CHERBOURG AVE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	RS	<input type="checkbox"/> Delete
NAME	HARMON, RUTH	
STREET ADDRESS	5766 CEDAR PARK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210-5246	
TITLE	T	<input type="checkbox"/> Delete
NAME	INGRAM, ANNA	
STREET ADDRESS	4931 RAGGEDY POINT RD	
CITY-ST-ZIP	ORANGE PARK FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ingram, Anna	
STREET ADDRESS	4931 Raggedy Point Rd.	
CITY-ST-ZIP	Orange Park, Fl. 32003	
TITLE	1st VP Bradstreet, Sue	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1019 Hillock Dr., East	
STREET ADDRESS	Jacksonville, Fl 32221	
CITY-ST-ZIP		
TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ingram, Anna	
STREET ADDRESS	4931 Raggedy Point Rd.	
CITY-ST-ZIP	Orange Park, Fl 32203	
TITLE	3rd VP Hill, Dorothy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 Hillock Dr., East	
STREET ADDRESS	Jacksonville, Fl 32221	
CITY-ST-ZIP		
TITLE	R.S. Harmon, Ruth	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5768 Cedar Park Lane	
STREET ADDRESS	Jacksonville, Fl 32210-5246	
CITY-ST-ZIP		
TITLE	T Moldoon, Marilyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5354 Pondue Lane	
STREET ADDRESS	Jacksonville, 32244	
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)(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:**

Marilyn Moldoon, Treasurer

1/24/02 (904) 388-7921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)