

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
05 NOV -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1422394

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRYANT, CECILIA
1400 PRUDENTIAL DR. #3
JACKSONVILLE, FL 32207

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

**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 P ☐ Delete
NAME MOLDOON, MARILYN
STREET ADDRESS 5354 PONDUE LANE
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition
NAME 400061291714
STREET ADDRESS 11/09/05--01034--007 **\$61.25
CITY-ST-ZIP

TITLE 1VP ☐ Delete
NAME WRIGHT, RUTH
STREET ADDRESS 4735 CAMBRIDGE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE 2VP ☐ Delete
NAME BRANCH, JOAN
STREET ADDRESS 4255 WOODMERE AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE 3VP ☐ Delete
NAME HILL, DOT
STREET ADDRESS 1005 HILLOCK DR., E.
CITY-ST-ZIP JACKSONVILLE, FL 32221

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

TITLE S ☐ Delete
NAME HARMON, RUTH
STREET ADDRESS 5766 CEDAR PARK LANE
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE T ☐ Delete
NAME INGRAM, ANNA
STREET ADDRESS 4931 RAGGEDY POINT RD
CITY-ST-ZIP ORANGE PARK, FL 32003

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)(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: Anna E Ingram Dunn Edgman 9-405 (904) 388-7921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Heasler