

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

0001279

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

2352 Lake Shore Blvd.

3. Mailing Address

same
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number **59-1422394**

Applied For

Not Applicable

Zip

32210

Country

Duval

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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
After September 10, 2003, min will be \$236.25**

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	T	<input type="checkbox"/> Delete
NAME	MOLDOON, MARILYN	
STREET ADDRESS	5354 PONDUE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	1STV	<input type="checkbox"/> Delete
NAME	BRADSTREET, SUE	
STREET ADDRESS	1019 HILLOCK DR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	3RDV	<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	P2V	<input type="checkbox"/> Delete
NAME	INGRAM, ANNA	
STREET ADDRESS	4931 RAGGEDY POINT RD	
CITY-ST-ZIP	ORANGE PARK FL 32003	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moldoon, Marilyn	
STREET ADDRESS	5354 Pondue Lane	
CITY-ST-ZIP	Jacksonville, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Ruth	
STREET ADDRESS	4735 Cambridge Rd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Branch, Joan	
STREET ADDRESS	4255 Woodmere Ave	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	3rd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hill, Dot	
STREET ADDRESS	1005 Hillock Dr., E.	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	Secy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harmon, Ruth	
STREET ADDRESS	5766 Cedar Park Lane	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ingram, Anna	
STREET ADDRESS	4931 Raggedy Point Rd.	
CITY-ST-ZIP	Orange Park, FL 32003	

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 Ingram, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26200388-7921

Date

Daytime Phone #

CR2E037 (4/03)