

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 011 ****61.25

DOCUMENT # 735393

1. Entity Name

BROOKSVILLE WOMAN'S CLUB, INCORPORATED



Principal Place of Business

**131 SOUTH MAIN STREET
BROOKSVILLE FL 34601**

Mailing Address

**131 SOUTH MAIN STREET
BROOKSVILLE FL 34601**

50019440



1st MOORE

CR2E037 (10/04)

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

23-7034705

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

**PHILLIPS, W. C.
904 CEDAR DRIVE
BROOKSVILLE FL 34601**

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, 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 **V** ☒ Delete
NAME **COMPTON, EUNICE**
STREET ADDRESS **1522 PONCE DE LEON BLVD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **V** ☐ Change ☒ Addition
NAME **PETRIE, SALLY**
STREET ADDRESS **23251 GOLDEN PHEASANT TRAIL**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☒ Delete
NAME **BISSELL, GRACE**
STREET ADDRESS **7080 HIGH CORNER RD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **T** ☐ Change ☒ Addition
NAME **MLECKA, PHYLLIS**
STREET ADDRESS **20481 YONTZ ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, ORA**
STREET ADDRESS **3082 WESTLAND RD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **DELETE T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LESH, GRACE**
STREET ADDRESS **929 COACHLIGHT LANE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **PD** ☐ Delete
NAME **MCLAREN, BETTY ANN**
STREET ADDRESS **8472 PINEWOOD AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **S** ☐ Delete
NAME **SENGER, LETTY**
STREET ADDRESS **12327 CORONADO DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34609**

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:

Betty Ann M^c Laren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05

(352) 597-9829

Date

Daytime Phone #