

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # 736365

(8)

1. Corporation Name

HOLLYWOOD WOMAN'S CLUB

Principal Place of Business

501 N. 14TH AVENUE
HOLLYWOOD FL 33020-5209

Mailing Address

501 N. 14TH AVENUE
HOLLYWOOD FL 33020-5209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1976

3a. Date of Last Report

05/01/1994

4. FEI Number

59-6137224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GERSTENMIER, FLORENCE
5808 POLK STREET
HOLLYWOOD FL 33021-6334

10. Name and Address of New Registered Agent

81 Name

CAMILLO CAROL ANN

82 Street Address (P.O. Box Number is Not Acceptable)

1006 N. SOUTH LAKE DR

83

84 City

HOLLYWOOD

FL

85

Zip Code

33019-1633

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carol Ann Camillo

Carol Ann Camillo

3/16/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

GERSTENMIER, FLORENCE

STREET ADDRESS

5808 POLK STREET

CITY-ST-ZIP

HOLLYWOOD FL 33021-6334

TITLE

V

NAME

CAMILLO, CAROL ANN

STREET ADDRESS

1006 N. SOUTH LAKE DRIVE

CITY-ST-ZIP

HOLLYWOOD FL 33019-1633

TITLE

T

NAME

MARSH, DORETTE

STREET ADDRESS

131 S.E. 3RD AVENUE

CITY-ST-ZIP

DANIA FL 33004-3731

TITLE

D

NAME

LEAMAN, NORMA

STREET ADDRESS

707 N. 17TH AVENUE

CITY-ST-ZIP

HOLLYWOOD FL 33020-3607

TITLE

D

NAME

AHEARN, ROSE

STREET ADDRESS

1504 S. SURF ROAD

CITY-ST-ZIP

HOLLYWOOD FL 33019-2355

TITLE

D

NAME

TRINKLE, PEGGY

STREET ADDRESS

529 S. RAINBOW DRIVE

CITY-ST-ZIP

HOLLYWOOD FL 33021-7513

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

CAMILLO, CAROL

1.3 STREET ADDRESS

1006 N. SOUTH LAKE DR

1.4 CITY-ST-ZIP

HOLLYWOOD, FL 33019-1633

2.1 TITLE

V

2.2 NAME

KASSELMAN, FAY

2.3 STREET ADDRESS

424 S.E. 10TH ST. A307

2.4 CITY-ST-ZIP

DANIA FL 33004-4552

3.1 TITLE

T

3.2 NAME

LEVINE, MINNIE

3.3 STREET ADDRESS

1312 N. PARK AVE RD

3.4 CITY-ST-ZIP

HOLLYWOOD, FL 33021-5031

4.1 TITLE

D

4.2 NAME

GERSTENMIER, FLORENCE

4.3 STREET ADDRESS

5808 POLK ST

4.4 CITY-ST-ZIP

HOLLYWOOD, FL 33021-6334

5.1 TITLE

D

5.2 NAME

LEAMAN, NORMA

5.3 STREET ADDRESS

917 N. 17 AVE

5.4 CITY-ST-ZIP

HOLLYWOOD, FL 33020-3607

6.1 TITLE

D

6.2 NAME

TRINKLE, PEGGY

6.3 STREET ADDRESS

529 S. RAINBOW DR

6.4 CITY-ST-ZIP

HOLLYWOOD, FL 33021-7513

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorette Marsh Treas.

DORETTE MARSH, TREAS.

3-16-95

335-923-5748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone