

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/08/1976

3a. Date of Last Report
03/22/1995

4. FEI Number

59-6137224

Applied For

Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMILLO, CAROL ANN
1006 N. SOUTH LAKE DR
HOLLYWOOD FL 33019

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Carol Ann Camillo, Pres.

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CAMILLO, CAROL
STREET ADDRESS 1006 N. SOUTH LAKE DR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE V ☒ DELETE

NAME KASSELMAN, FAY
STREET ADDRESS 424 S.E. 10TH ST. A-307
CITY-ST-ZIP DANIA FL

TITLE T ☒ DELETE

NAME LEVINE, MINNIE
STREET ADDRESS 1212 N. PARK RD
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE

NAME GERSTENMIER, FLORENCE
STREET ADDRESS 5808 POLK ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE

NAME LEAMAN, NORMA
STREET ADDRESS 917 N. 17 VE
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE

NAME TRINKLE, PEGGY
STREET ADDRESS 529 S. RANBOLO DR
CITY-ST-ZIP HOLLYWOOD FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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 119.07(3)(k), 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 receiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)