FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90082 007 ****61.25

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DOCUMENT # 736365

1. Corporation Name
HOLLYWOOD WOMAN'S CLUB

Principal Place of Business	Mailing Address
501 N. 14TH AVENUE HOLLYWOOD FL 33020-5209	501 N. 14TH AVENUE HOLLYWOOD FL 33020-5209

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 07/08/1976

4. FEI Number: 59-6137224 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ENGLAND, LOIS
532 S LUNA CT
#4
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ENGLAND, LOIS		1.2 NAME		
STREET ADDRESS	532 LUNA CT #4		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELUCA, PRISCILLA		2.2 NAME		
STREET ADDRESS	955 HOLLYWOOD BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	LEAMAN, NORMA		3.2 NAME	SWEETEN, JULIE	
STREET ADDRESS	917 N 17TH AVE		3.3 STREET ADDRESS	1049 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4 CITY-ST-ZIP	HOLLYWOOD,FL33019	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	LEVINE, MINNIE		4.2 NAME	LEAMAN, NORMA	
STREET ADDRESS	1212 N PARK RD		4.3 STREET ADDRESS	917 n 17 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHIARELLO, FEDRA		5.2 NAME		
STREET ADDRESS	1025 SE 3RD AVE., BLDG 3 #302		5.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, ANN		6.2 NAME		
STREET ADDRESS	411 S CRESENT DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Norma Leaman 4/28/99 (954) 922-7192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #