

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 007 ****61.25

DOCUMENT # 736365	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent SALVINO, COLETTE WINTER 2710 S OCEAN DR. #205 HOLLYWOOD FL 33019	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROST, SELINA 2991 SW 22ND ST FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria Jordan 1115 Doveplum St. Hollywood, FL. 33019 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGLER, HERMINE 208 ST ANDREWS RD HOLLYWOOD FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burkett, Phyllis 1465 SW 28th Terr. Ft. Lauderdale, FL. 33312 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEAMAN, NORMA 917 N. 17TH AVE. HOLLYWOOD FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dickinson, Alice 1555 Washington St. Hollywood, FL. 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORT, JEAN J 1621 S. 32ND AVE. HOLLYWOOD FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALVINO, COLETTE W 2710 S. OCEAN DR., #205 HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS DOBRE, BRIDGET 1201 S. OCEAN DR. HOLLYWOOD 33 01920 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition

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: *Colette Winter Salvino* **3-5-04** **954-923-2348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #