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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN¥ OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

738034

(8)

HOLLYWOOD JUNIOR WOMAN'S CLUB, INC.

| Principal Place of Business | Mailing Address | |
|---|------------------------------------|--|
| P O BOX 6114 HOLLYWOOD FL 33081-0114 | P O BOX 8114 HOLLYWOOD FL 33081 | |

FILED Jun 17 1997 8:00am Secretary of State



| P O BOX 6114 HOLLYWOOD FL \$3081-0114 | | | | P O BOX 8114 HOLLYWOOD FL 33081 | | | | | | | | | | | | |
|--|--|------------------------|---|---------------------------------------|--|-------------------------------------|-------------------------------------|-----------------------|--|---|---|-----------------------------|---------------------|--------------------------|--------------------------------|-------------|
| | | | | | | | | | | | 3. Date Incorporated or 02/18/1977 | Qualified | 3a. Da | ate of Last 08/14/1 | | 7 |
| 2. Principal Place of Business | | | 28 | 2a. Mailing Address | | | | | | 4. FEI Number Ap | | | pplied For | 1 | | |
| 21 | | | 26 | 26 | | | | | 59-1622494 | | | | lot Applicable | • | | |
| Sulte, Apt. #, etc. | | | Ь | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status D | estred | | | Additional | 7 | |
| 22 | | | 27 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | Required | 4 | | |
| City & State | | | - | City & State | | | | | | Election Campaign Fir Trust Fund Contribution | - | \$5.00 May Be Added to Fees | | | | |
| Zip | Country | | | 26 | Zip Cou | | | intrv | ······································ | | | | | | | |
| 24 | | 25 | , , , , , , , , , , , , , , , , , , , | 29 |] | | 30 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | | |
| | 9. Name | | Address of Current | | stered Agent | | 1001 | | | | 10. Name and Address of | | | | | ┪ |
| | | | | | | | | 81 | Name | | | | | | | 7 |
| BENSO | N, NORMA | | | | | | | B2 | Street | Addres | se (P.O. Boy Number is Not | Accentabl | ٥١ | | | \dashv |
| 1831 N. 54 AVE | | | | | | | ٦ | Sirect | et Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | NOOD FL 3 | 3302 | 1 | | | | | 83 | | | | | | | | 7 |
| | • | | | | | | | 84 | City | | | | | 85 Zip | Code | - |
| | | | | | | | | | Ony | | | | FL | . 03 2 | 0000 | |
| 11. Pursuant to office or reagent. I a | to the provis egistered ag m familiar wi | ions jent, th, a | of Sections 617.0502 or both, in the State on accept the obliga | and of Flor | 617.1508, Flori ida. Such char of, Section 617 | da Statut ige was a 0503, Fic | es, the a authorize orida Sta | bove d by lutes | -named the cor: | corpo poratio | ration submits this statemer n's board of directors. I her | nt for the pu eby accept | rpose of the app | f changing ointment a | its registered s registered | 1 |
| SIGNATURE | | | | | | | | | | | | | | | | |
| 12. | Signature, typed | or prin | led name of registered agen OFFICERS AND | | | (NOI- | E: Registere 13. | o Ager | nt signature | e required | when reinstating) ADDITIONS/CHANGES | TO OFFICE | DATE BS AND | DIRECTO | DS IN 12 | ج: ⊢ |
| TITLE | 2 | | OTTIOCHS AND | Dille | DI | LETE | 1.1 T | TLE | | 1 | PSASUMPR | | UND AINE | Channe | Addition | -Iĝ |
| NAME | MITCHE | 31. | ELIZABETH | | | - | 1.2 N | | | 7 | 22/100/07 | $\mathcal{E}lizal$ | betl | $5 m_i$ | tchel | / > |
| STREET ADDRESS | 1801 N | | | | | | | | ADDRESS | U | 10 mg | 1801 | N | ちる イ | ive. | 8 |
| CITY-ST-ZIP | HOLLY | | | | | | | TY- S1 | | | Sun | HALL | 11111 | 1000 | 1 51 | |
| TITLE | VD | | | | X D | LETE | 2.1 TI | | | _VF |) | 11011 | 44 | Change | Addition | ቨ |
| NAME | PARKE | R . H | O NI | | | | 2.2 N | AME | | Di | Ponetta Uhl | | | | 32 | \$\$\ceap\$ |
| STREET ADDRESS | | | | - | 235 | | | REET | ADDRESS | D Ronetta Uhl 3122 Pierce St | | | | | | 1 |
| CITY-ST-ZIP | DAVIE I | L-O | 3328 | | | | 2.40 | ITY-S | 1- <i>2</i> IP | | HOLVILLOOD FI | ノ 33t | ובמ | | | |
| TITLE | PD | | | | □ Di | LETE | 3.1 T) | TLE | | 7 | | | | ☐ Change | Addition | ,] |
| NAME | BENSO | N, N | iorma j. | | | | 3.2 N | AME | | | | | | | | |
| STREET ADORESS | 1831 N | | | | | | 3.3 S | RÉET | ADDRESS | , | same | | | | | |
| CITY-ST-ZIP | HOLYW | <u> </u> |) FL | | | | 3.4. 0 | ity-S | T-ZIP | | | | | | | |
| TITLE | 7 0 | | | | ≥ DI | LETE | 411(| TLE | | Se | cretaru | | | Change | Addition | 4 |
| NAME | | <u></u> - | LORRAINE | | | | 4. 2 N | AME | | D | Capl'ull | len | | | | |
| STREET ADDRESS | | | ORE ST | | | | 4.3 S | AEET. | address | | 6351 91121 | Cr. | | | | |
| City-St-ZIP | HOLLY | NOC | 19-F L | | | | | TY-SI | - 711 | | Miraman 1 | 33 | 023 | | | _ |
| TITLE | | | | | ∐ DI | LETE | 51 TI | | | | | | _ | ☐ Change | Addition | 1 |
| NAME | | | | | | | 5.2 N. | AME | | | | | | | | |
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| CITY-ST-ZIP | | | | | T1 64 | LETE | _ | TY-SI | -ZIP | | · · · · · · · · · · · · · · · · · · · | | | 1105 | A Jaw | 4 |
| TITLE | | | | | ☐ DE | FEIE | 6.1 TI | - | | | | | | ☐ Change | Addition | ' l |
| NAME | | | | | | | 6.2 N | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | | | | | |
| 14. I do bereb | ov cartifu the | the | information supplied | with t | this filing dose | not outalis | | IY-SI ever | | tated i | n Section 119 07/3Vi), Flori- | da Statuton | Lhidha | r certify the | t the | 4 |
| Informatio | n indicated (| on th | e annual report or er | ınnları | nantal annual s | oport is t | no and | 20001 | rata anc | l that n | n Section 119.07(3)(i), Florid | como logal | offeet or | if made u | ador ooth: the | ای |

4. I do 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 is 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.