

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90073 025 ****61.25

DOCUMENT # 738034

1. Corporation Name

HOLLYWOOD JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

P O BOX 3114
HOLLYWOOD FL 33081-0114

Mailing Address

P O BOX 6114
HOLLYWOOD FL 33081-0114

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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9. Name and Address of Current Registered Agent

RONETTA UHL
3122 PIERCE ST
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

02/18/1977

4. FEI Number

59-1622494

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOT if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, ELIZABETH
STREET ADDRESS 1801 N 52 AVE
CITY-STATE-ZIP HOLLYWOOD FL ☒ DELETETITLE EVP
NAME UHL, RONETTA
STREET ADDRESS 3122 PIERCE ST.
CITY-STATE-ZIP HOLLYWOOD FL ☐ DELETETITLE PD
NAME BENSON, NORMA J.
STREET ADDRESS 1831 N 54 AVE
CITY-STATE-ZIP HOLLYWOOD FL ☒ DELETETITLE SD
NAME MULLEN, CAROL
STREET ADDRESS 6351 SW 34 CT.
CITY-STATE-ZIP MIRAMAR FL ☒ DELETETITLE TD
NAME EILEEN CORONA
STREET ADDRESS 4312 GRANT ST
CITY-STATE-ZIP HOLLYWOOD FL 33021 ☒ DELETETITLE SD
NAME DEBRA HUBERT
STREET ADDRESS 9530 NW 18TH ST
CITY-STATE-ZIP PLANTATION FL 33322 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME UHL, RONETTA
1.3 STREET ADDRESS 3122 PIERCE ST
1.4 CITY-STATE-ZIP HOLLYWOOD FL 330212.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME MARTENS, SUZIE
2.3 STREET ADDRESS 2809 MORNING GLORY LANE
2.4 CITY-STATE-ZIP DAVIE FL 333283.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME MARTINA HOPKINS
3.3 STREET ADDRESS 2824 MORNING GLORY LANE
3.4 CITY-STATE-ZIP DAVIE FL 333284.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME JOANNE DELIZZA
4.3 STREET ADDRESS 1602 EASTLAKE WAY
4.4 CITY-STATE-ZIP WESTON FL 333265.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 a letter like empowered.

SIGNATURE: *Ronetta Uhl* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0064900