


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2005 8:00 am
Secretary of State

04-15-2005 90096 008 ****61.25

DOCUMENT # 738248 1. Entity Name THE WOMAN'S CLUB OF LAKE WORTH, FLORIDA					
Principal Place of Business BOX 1387 LAKE WORTH FL 33460			Mailing Address BOX 1387 LAKE WORTH FL 33460		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0803028	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNCAN, HONEY 1019 SNOWDEN DR. LAKE WORTH FL 33461				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANEY, DUNCAN		NAME		
STREET ADDRESS	1019 SNOWDEN DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKICH, LILLIAN		NAME		
STREET ADDRESS	1310 N LAKESIDE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, BETTY		NAME		
STREET ADDRESS	182 BRYN MAWR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOBDELL, TAMI		NAME		
STREET ADDRESS	902 SOUTH C ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHIESA, ANNE		NAME	<i>Helen Vogt Greene</i>	
STREET ADDRESS	3926 CAROLINE AVENUE		STREET ADDRESS	<i>215 N. M. St</i>	
CITY-ST-ZIP	LAKE WORTH FL 33461		CITY-ST-ZIP	<i>Lake Worth, FL 33460</i>	
TITLE	A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, HELEN VOGT		NAME		
STREET ADDRESS	215 N M ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
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: <i>Betty Weber</i>			5/4 2005 541-586-0098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		