

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90036 015 \*\*\*\*61.25

**DOCUMENT # 741007**

1. Corporation Name

**EAST PASCO JUNIOR WOMAN'S CLUB, INC.**

Principal Place of Business

WOMAN'S CLUB BUILDING  
37922 PALM AVE  
DADE CITY FL 33525  
US

Mailing Address

P O BOX 1831  
DADE CITY FL 33526-1831  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/12/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1822239

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAYTON, WILLIAM G.  
105 1/2 S 7 ST  
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
14149 7th Street

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ALTMAN, LAURA  
STREET ADDRESS 11815 CHESTERFIELD RD  
CITY-ST-ZIP DADE CITY FL

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Cross, Heidi  
1.3 STREET ADDRESS 16938 Powerline Rd.  
1.4 CITY-ST-ZIP Dade City, FL 33523

TITLE VD ☒ DELETE  
NAME MCCABE, TRINA  
STREET ADDRESS 37934 COLEMAN AVE  
CITY-ST-ZIP DADE CITY FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Jordan, Mary Lou  
2.3 STREET ADDRESS 37330 Vero Lane  
2.4 CITY-ST-ZIP Dade City, FL 33525

TITLE T ☐ DELETE  
NAME TIPTON, SYLVIA  
STREET ADDRESS 37741 PALM AVE  
CITY-ST-ZIP DADE CITY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME DAWSON, LISA  
STREET ADDRESS 11446 SUN RD  
CITY-ST-ZIP DADE CITY FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME CROSS, HEIDI  
STREET ADDRESS 16938 POWERLINE RD  
CITY-ST-ZIP DADE CITY FL

5.1 TITLE VD ☐ Change ☒ Addition  
5.2 NAME TomKow, Cathlee  
5.3 STREET ADDRESS 16722 Spring Valley Rd.  
5.4 CITY-ST-ZIP Dade City, FL 33523

TITLE S ☒ DELETE  
NAME STORCH, GINGER  
STREET ADDRESS 36452 BOZEMAN RD  
CITY-ST-ZIP DADE CITY FL 33525

6.1 TITLE S ☐ Change ☒ Addition  
6.2 NAME Finora, Robin  
6.3 STREET ADDRESS 32643 Florida Ave.  
6.4 CITY-ST-ZIP San Antonio, FL 33576

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

(352) 567-6188

Date

Daytime Phone #

CR2E037- (11/98)