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

Mar 08, 2005 8:00 am **Secretary of State DOCUMENT # 742898** 1. Entity Name 03-08-2005 90167 045 ****61.25 G.F.W.C. CORAL SPRINGS WOMAN'S CLUB INC. Principal Place of Business Mailing Address PD BOX 8317 PO BOX 8317 CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 23-7115035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOMMERER, DIANE K. Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE #225 CORAL SPRINGS FL 33071 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE Delete TITLE ☐ Addition Novak, Sandy NORAK, SANDY NAME NAME 11351 NW 11 CT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33071 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition Cooper Charlotte 6710 N.W. 45 Terrace HENRY, LUCY NAME 5381 NW 100 AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33076 Coconut Creek, FL 33073-CITY-ST-ZIP CITY-ST-ZIP 1923 TITLE ☐ Delete TITLE Addition KAZDAL, JUDITH NAME NAME 11668 NW 2 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33071 CITY-ST-ZIP Delete ROSE, HOLLY NAME 6577 NW 55 MANOR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33067 33071 - 8801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition PAGE, JOYCE NAME NAME 11293 NW 11 CT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33071 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE FINCH, LINDA NAME NAME Sachar, Dolores 2752 N. Palm Aire Drive 8842 NW 20 MANOR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33071 CITY-ST-ZIP CITY-ST-ZIP 33069 Pompano Beach, FL

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:

DOLORES SACHAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-05 (954)968-8567

FILED