

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90010 027 ****61.25

DOCUMENT # 743526

1. Entity Name
CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.



Principal Place of Business
P. O. BOX 791
CLEWISTON, FL 33440 US

Mailing Address
P O BOX 791
CLEWISTON, FL 33440 US

24082274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1849406

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STILES, BARBARA
901 GRATTON RD.
CLEWISTON, FL 33440

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☒ Delete
NAME WEILAND, LINDA
STREET ADDRESS 611 RIDGEVIEW CIRCLE
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE P/D ☒ Change ☐ Addition
NAME Tara Lamb
STREET ADDRESS 533 Co. Rd. 720
CITY-ST-ZIP Clewiston, FL 33440

TITLE T ☐ Delete
NAME STILES, BARBARA
STREET ADDRESS 901 GRATTON RD.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE V/D ☒ Change ☐ Addition
NAME Ellen Geake
STREET ADDRESS 8230 Caloosahatchee Dr. SW
CITY-ST-ZIP Moore Haven, FL 33471

TITLE SD ☐ Delete
NAME HORN, KATHY
STREET ADDRESS PO BOX
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE V/D ☐ Change ☒ Addition
NAME Laura Burtcher
STREET ADDRESS 1277 Hookers Pt. Rd.
CITY-ST-ZIP Clewiston, FL 33440

TITLE VD ☐ Delete
NAME LAMB, TARA
STREET ADDRESS 617 W HAITI
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE T/D ☒ Change ☐ Addition
NAME Barbara Stiles
STREET ADDRESS 901 Gratton Rd.
CITY-ST-ZIP Clewiston, FL 33440

TITLE PD ☐ Delete
NAME GEAKE, ELLEN
STREET ADDRESS P.O. BOX 936
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE S/D ☒ Change ☐ Addition
NAME Kathy Horn
STREET ADDRESS 911 Art Lawrence Rd.
CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Barbara Stiles Barbara Stiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04
Date

863-983-8191
Daytime Phone #