

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90034 031 ****70.00

DOCUMENT # 748352

1. Entity Name

MONTICELLO WOMAN'S CLUB



Principal Place of Business

**975 E PEARL STREET
MONTICELLO FL 32344
US**

Mailing Address

**P.O. BOX 176
MONTICELLO FL 32345
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2031428

Applied For

Not Applicable

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

**BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO FL 32344**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE
NAME **TD BERRY, LOTTIE** ☐ Delete
STREET ADDRESS **P.O. BOX 534**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE
NAME **VPD CHITWOOD, LOUISE** ☐ Delete
STREET ADDRESS **P.O. BOX 534**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE
NAME **TTD CUZTS; AMANGA** ☐ Delete
STREET ADDRESS **RR 2, BOX 219-H**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **TD BERRY, LOTTIE** ☒ Change ☐ Addition
STREET ADDRESS **340 MERRIS Rd.**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE
NAME **VPD Chitwood, Louise** ☒ Change ☐ Addition
STREET ADDRESS **3695 N. JEFFERSON ST**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE
NAME **TTD CUZTS; AMANGA** ☐ Change ☐ Addition
STREET ADDRESS **3841 N. JEFFERSON ST**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Lottie Berry* **LOTTIE BERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

Daytime Phone #