

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90156 010 ****61.25

DOCUMENT # 755878

1. Entity Name

IDEAL WOMAN'S CLUB OF WINTER PARK, FLORIDA, INC.



Principal Place of Business

**IDEAL WOMAN'S CLUB
141 PENNSYLVANIA AVE
WINTER PARK FL 32789
US**

Mailing Address

**IDEAL WOMAN'S CLUB
141 PENNSYLVANIA AVE
WINTER PARK FL 32789
US**

2. Principal Place of Business

Ideal Woman's Club

3. Mailing Address

Ideal Woman's Club

Suite, Apt. #, etc.

141 Pennsylvania Ave

Suite, Apt. #, etc.

141 Pennsylvania Ave

City & State

Winter Park, FLA

City & State

Winter Park, FLA

Zip

32789

Country

Orange

Zip

32789

Country

Orange



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1714341**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**INGRAM, ERNESTINE
678 CALLAHAN ST.
141 S PENNSYLVANIA AVENUE
WINTER PARK FL 32789**

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

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

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 **D** ☐ Delete
NAME **INGRAM, ERNESTINE**
STREET ADDRESS **678 CALLAHAN ST**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☐ Delete
NAME **DIXON, BEVERLY**
STREET ADDRESS **431 PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **S** ☐ Delete
NAME **EARLENE, BLUE**
STREET ADDRESS **777 W. LYMAN AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **T** ☐ Delete
NAME **CERTAIN, ROVENIA**
STREET ADDRESS **3341 BELLINGTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **T** ☐ Delete
NAME **BLUE, EARLENE**
STREET ADDRESS **777 W. LYMAN AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Ingram, Ernestine**
STREET ADDRESS **678 Callahan St**
CITY-ST-ZIP **Winter Park, FLA 32789**

TITLE **VD** ☐ Change ☐ Addition
NAME **Dixon Beverly**
STREET ADDRESS **431 Pennsylvania Ave**
CITY-ST-ZIP **Winter Park, FLA 32789**

TITLE **S** ☐ Change ☐ Addition
NAME **Earlene Blue**
STREET ADDRESS **777 W. Lyman Ave**
CITY-ST-ZIP **Winter Park, FLA 32789**

TITLE **T** ☐ Change ☐ Addition
NAME **Certain Rovenia**
STREET ADDRESS **3341 Bellington Dr.**
CITY-ST-ZIP **Orlando, FLA 32835**

TITLE **T** ☐ Change ☐ Addition
NAME **Earlene Blue**
STREET ADDRESS **777 W. Lyman Ave**
CITY-ST-ZIP **Winter Park, FLA 32789**

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:

Signature of Ernestine Ingram

4-22-03(407)644-9386

CR2E037 (10/02)