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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759677 (8)

1. Corporation Name

THE DAVIE WOMAN'S CLUB

Principal Place of Business

6551 ORANGE DR
DAVIE FL 33314
US

Mailing Address

5391 SW 58 AVE
DAVIE FL 33314-6303
US



3. Date Incorporated or Qualified
08/19/1981

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3170679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON, JANET
5391 SW 58 AVE
DAVIE FL 33314

81 Name

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

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

TITLE CSD ☐ DELETE
NAME WUNDERLICH, HELEN
STREET ADDRESS 10351 S.W. 45 STREET
CITY-ST-ZIP DAVIE FL

TITLE SD ☐ DELETE
NAME TRUTWIN, JUDITH
STREET ADDRESS 3 CHESTNUT CIR
CITY-ST-ZIP COOPER CITY FL

TITLE VD ☐ DELETE
NAME HENNIG, ELIZABETH
STREET ADDRESS 7201 DAVIE ROAD EXT
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD ☐ DELETE
NAME ZIGLER, MARTHA
STREET ADDRESS 4340 SW 67 TERRACE
CITY-ST-ZIP DAVIE, FLORIDA 33314

TITLE TD ☐ DELETE
NAME THOMSON, JANET
STREET ADDRESS 5391 SW 58 AVE
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ZIEGLER
4.3 STREET ADDRESS (spelling)
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Janet Thomson + JANET THOMSON

1/9/97

954-765-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036255

CR2E037 (9/96)