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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENTE STATE

Sandra B. Mortim

Secretary of Stat
DIVISION OF CORPORHONS

DOCUMENT #

759677

(8)

THE DAVIE WOMAN'S CLUB

| | ŀ | ILEL |) |
|-----|------|---------|---------|
| Mar | 05 | 1998 | 8:00am |
| Se | crei | tary of | f State |

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
|---|---|--|-----------------------------|--|--|
| Principal Plac | e of Business | Malling Address | | | II DIGCI GIDEL BIEIK GIDII IGGI |
| 6551 ORANGE | DR | 5391 SW 58 AVE | . 1 | 3. Date Incorporated or Qualified | |
| DAVIE FL 3331 | | DAVIE FL 33314 | 1 | 08/19/1981 | |
| US | | US | ! | 4. FEI Number | Applied For |
| | | | i. I | 59-3170679 | Not Applicable |
| 2. Principal P | lace of Business | 2a. Mailing Address | 5W 68 CT | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution L | Added to Fees |
| City & State | | City & State 28 FT CANDENDAY, F-L | | 7. Is this nonprofit corporation a homeowners association? Yes No | |
| 23 | | | | 8. This corporation owes or has paid the cu | |
| Zip | Country | ^{Zip} 33331 | Country 30 BKOWAR | Personal Property Tax due June 30. | Yes K No |
| 24 | 9. Name and Address of Curren | | 30 BEDWAR | 10. Name and Address of New Registered | Agent |
| · | Traine and Addies of College | t tradictores rigoric | B1 Name | 117 | |
| THOME | NI IANET | | 1 1 | ddress (P.O. Box Number is Not Acceptable) | |
| | on, janet V 58 ave | | Street A | 579 SW 47 SF. DA | ule al |
| DAVIE FI | | | 83 | | |
| DAVIE FI | L 33314 | | 201 000 | | 85 Zip Çode, / |
| | | | 84 City | DNIE FL | • 3 3 2 1 7 <u>_</u> |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statute | s, the above-named o | corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap- | I changing its registered |
| omce or r | egistered agent, or both, in the State m tamiliar with, and accept the obliga | UI FIDROM. SUCII CHARIDO WAS A | | pration's board of directors. I hereby accept the ap | politiment as registered |
| • | III tallinal willi, and accept the obliga | 20013 01, 0000001 011 .0000, 110 | T) | resulta Findale & | 123170 |
| SIGNATURE. | Signature, typed or printed name of registered age | int and title if applicable. (NOTE | Registered Agent signature | required when reinstating) DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | CSD | ☐ DELETE | 1.1 TITLE | PD | Change Addition |
| NAME | WUNDERLICH, HELEN | | 1.2 NAME | TINDALL PRISCILLA 6529 SW 47 ST | |
| STREET ADDRESS | 10351 S.W. 45 STREET | | 1.3 STREET ADDRESS | DAVIS FL 33314 | |
| CITY-ST-ZIP | DAVIE FL | | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | SD | ☐ DELETE | 2.1 TIFLE | VPD TRUTWING JUDITH | S original Character |
| NAME | TRUTWIN, JUDITH | | 3 1 | 3 CHESTNUT CIK | |
| STREET ADDRESS | 3 CHESTNUT CIR | | 2.3 STREET ADDRESS | COOPERCITY, FL 3 | 3024 |
| CITY-ST-ZIP | COOPER CITY FL | SZ priett | 2.4 CITY - ST - ZIP | <u> </u> | Change M Addition |
| TITLE | VD | DELETE | 3.1 TITLE | TD SWARTZMAN, MILDRED | |
| NAME | HENNIG, ELIZABETH | | 3.2 NAME 3.3 STREET ADDRESS | 17530 SW 68 4 | |
| STREET ADDRESS | 7201 DAVIE ROAD EXT | | 3.4 CITY-ST-ZIP | Ft. LANDYRDALE, PL 37 | 331 |
| CITY-ST-ZIP | HOLLYWOOD FL | DELETE | 4.1 TITLE | <u> </u> | ☐ Change |
| TITLE | PD MADTHA | J-Control of the Control of the Cont | 4.2 NAME | TONNA, PEGGY TERRESCE 4190 SW 56 TERRESCE | |
| NAME | ZIEGLER, MARTHA 4340 SW 67 TERRACE | | 4.3 STREET ADDRESS | 11190 SW SB TERRESCE | |
| STREET ADDRESS | DAVIE, FLORIDA 33314 | | 4.4 CITY-ST-ZIP | DAVIG, FL 333/4 | _ |
| CITY-ST-ZIP TITLE | TD | DELETE | 5.1 TITLE | | Change Additio |
| NAME | THOMSON, JANET | <i>F</i> - | 5.2 NAME | | |
| STREET ADDRESS | 5391 SW 58 AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | UNITE IE | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | 6.4 CITY - ST- ZIP | | |
| 14. I hereby o | pertify that the information supplied w | ith this filing does not qualify fo | r the exemption state | ed in Section 119.07(3)(i), Florida Statutes. I further i | certify that the information under cath; that I am an |
| indicated officer or Block 12 | on this annual report or supplement director of the corporation or the rec- or Block 13 if changed, or on an atta | al amidal report is true and accomply and trustee empowered to echment with an address. | execute this report as | ad in Section 119.07(3)(i), Florida Statutes. I further inature shall have the same legal effect as if made to required by Chapter 617, Florida Statutes; and that | t my name appears in |