2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 759677

1. Entity Name
THE DAVIE WOMAN'S CLUB

Principal Place of Business	Mailing Address
6551 ORANGE DR DAVIE, FL 33314 US	4340 SW 67TH TERR DAVIE, FL 33314 US

01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-6170679
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIEGLER, MARTHA
4340 SW 67TH TERR
DAVIE, FL 33314

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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: Martha Ziegler MARTHA ZIEGLER 1/27/04
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 May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001123292
02/02/04-60021-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINN, GILDA
STREET ADDRESS	3401 CARLTON LANE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	VD
NAME	SALVINO, JOYCE
STREET ADDRESS	4765 SW 61ST AVE
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	T
NAME	ZIEGLER, MARTHA
STREET ADDRESS	4340 SW 67TH TERR
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	CS
NAME	CRITES, MICHELE
STREET ADDRESS	1181 SW 109 LANE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Martha Ziegler MARTHA ZIEGLER 1/27/04 954-791-8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #