


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90019 006 \*\*\*\*61.25

<b>DOCUMENT # 759677</b> 1. Entity Name <b>THE DAVIE WOMAN'S CLUB</b>					
Principal Place of Business <b>6551 ORANGE DR</b> <b>DAVIE, FL 33314 US</b>				Mailing Address <b>PO BOX 291053</b> <b>DAVIE, FL 33329-1053 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ZIEGLER, MARTHA</b> <b>4340 SW 67TH TERR</b> <b>DAVIE, FL 33314</b>				Name <b>JOYCE SALVINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4765 S.W. 61 Avenue</b> City <b>Dav ie</b> <b>FL</b> Zip Code <b>33314</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALVINO, JOYCE</b> <b>4765 SW 61 AVENUE</b> <b>DAVIE, FL 33314</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NENNIG, E.L.</b> <b>4979 SW 91 AVENUE</b> <b>COOPER CITY, FL 33328</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HENNIG, E.L.</b> <b>4979 SW 91 Ave.</b> <b>Cooper City .Fl 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ZIEGLER, MARTHA</b> <b>4340 SW 67TH TERR</b> <b>DAVIE, FL 33314</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>HATTAN, CARYL M.</b> <b>7790 N.W. 31 St.</b> <b>Davie, Fla. 33024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROWLAND, NAVIS</b> <b>5850 LINCOLN STREET</b> <b>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROWLAND, MAVIS</b> <b>5850 Lincoln St.</b> <b>Hollywood, Fl 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ZIEGLER, MARTHA</b> <b>4340 SW 67 TERRACE</b> <b>DAVIE, FL 33314</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>E.L. Hennig</i> E.L. Hennig V. P.</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2-8-06</b> <small>Daytime Phone #</small>	

**60015124**



02082006 Chg-NP CR2E037 (11/05)

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

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