


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

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90037 018 \*\*\*\*61.25

DOCUMENT # <b>762487</b>	
1. Entity Name <b>HERNANDO BEACH WOMEN'S CLUB, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**50004083**

2. Principal Place of Business <b>C/O CHERYL LABBE</b> Suite, Apt. #, etc. <b>4388 7th Isle Dr.</b> City & State <b>HERNANDO BEACH, FL</b> Zip <b>34607</b> Country <b>USA</b>		3. Mailing Address <b>C/O CHERYL LABBE</b> Suite, Apt. #, etc. <b>4388 7th Isle Dr.</b> City & State <b>HERNANDO BEACH, FL</b> Zip <b>34607</b> Country <b>USA</b>	
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>HANNAH WRAGG</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>4375 1st Isle Dr</b>	
	City <b>HERNANDO BEACH</b> FL	Zip Code <b>34607</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 **X Cheryl Labbe** **CHERYL LABBE, TREASURER 1/12/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KRADEL, JANE</b> <b>4124 DAISY DRIVE</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BREEDEN, BETTY</b> <b>3161 FLAMINGO BLVD</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>DIEHL, META</b> <b>7452 SHEPHERD AVENUE</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>RODRIGUEZ, IRIS</b> <b>3381 MINNOW CREEK DRIVE</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>COYLE, GAIL</b> <b>3197 GARDENIA DRIVE</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>LABBE, CHERYL</b> <b>4388 7th Isle Drive</b> <b>HERNANDO BEACH, FL 34607</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Cheryl Labbe** **CHERYL LABBE** **01-12-05** **(352) 596-7655**

CR2E037B (12/02)