

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90029 007 \*\*\*\*61.25

**DOCUMENT # 767035**

1. Entity Name  
**THE WOMAN'S CLUB OF WINTER HAVEN, INC.**



Principal Place of Business  
**660 POPE AVENUE NW  
WINTER HAVEN, 33883**

Mailing Address  
**P.O. BOX 7342  
WINTER HAVEN, FL 33883**

**50007694**



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNDORE, REGINA  
2415 WINTERSET ROAD  
WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILBERT, PHYLLIS R 545 AVE L SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, MARYANNE D DIXON, SUE ANNE 2246 42TH STREET 1909 HAZELTINE WAY WINTER HAVEN, FL 33880 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNDOIRE, REGINA (REGINA) 2415 WINTERSET ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACKSON-TEETER, LUCY GRAVES, JEAN 425 AVENUE Q SE 3927 CRUMP ROAD WINTER HAVEN, FL 33880 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Regina Dundore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 (863) 318-0637  
Date Daytime Phone #

REGINA DUNDORE, PRESIDENT