

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

112

DOCUMENT # 768214	
1. Entity Name EBONY WOMAN'S CLUB, INC.	
Principal Place of Business OLIVER ST. POB 1243 CROSS CITY, FL 32628	Mailing Address OLIVER ST. POB 1243 CROSS CITY, FL 32628



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 23 PM 4: 18

REINSTATEMENT 05



09142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2364451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLIS, SALLY MAE CENTER ST. CROSS CITY, FL 32628
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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 <u>Sally Mae Hollis</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Sally Mae Hollis</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE	

Filing Fee is \$61.25 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLANTON, ROSIE L P.O BOX 1173 OSTEEN RD CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, HEDIE BELL CHESS HALL AVE POB393 NA CROSS CITY, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWSON, ELIZABETH OLIVER ST PO BOX 162 N/A CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLMONTEEN R. DIXIE ST PO BOX 638 NA/ CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, CAROLYN OLIVER ST P.O. BOX 5 CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800061663108 11/23/05--01019--017 **61.25
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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.	
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SIGNATURE: <u>Elizabeth Dawson / Elizabeth Dawson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>9/25/05</u>	Daytime Phone #: <u>(352) 498-5720</u>
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I am enclosing the Check and the Annual Report Form. I am also highlighting the date on the form that states that I have until October 1, 2005.

Thank you for all the consideration that you can give to this matter.

Yours truly,

Elizabeth Dawson, Treasurer

Elizabeth Dawson