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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770052

1. Corporation Name

WOMAN'S CLUB OF WILTON MANORS, INC.

Principal Place of Business 600 NORTHEAST 21ST COURT WILTON MANORS FL 33305 Mailing Address

600 NORTHEAST 21ST COURT WILTON MANORS FL 33305

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90046 010 ****61.25

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						·				
2. Principal Place of Business 2a. Mailing Address						3. Date Incorp	orated or Qualifed			
21		26				08/31/19	83			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		-	Apr	lied For
22		27				<u>59-1</u> 1042	<u> </u>		Not	Applicable
City & State City & State						5. Certificate o	5. Certificate of Status Desired		\$8.75 Additional	
23		28				Cormodio o			Fee Red	quired
Zip	Country	Zip	Cou	intry			mpaign Financing	П	\$5.00	
24 25 29 30						Trust Fund			Added to	Fees
	9. Name and Address of Curren	t Registered Agent		-		10. Name and	Address of New R	legistered /	Agent	
				81	Name		•			
RUMIN, EDWARD R					82 Street Address (P.O. Box Number is Not Acceptable)					
2720 E. OAKLAND PARK BLVD.										<u> </u>
SUITE 106				83	1					
FORT LAUDERDALE FL 33306				84	City				85 Zip C	ode
					L		<u> </u>	FL		
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State	2 and 617.1508, Florida Statu	utes, the a	bove	a-named co	orporation submits this	s statement for the	purpose of	changing its a	registered iistered
agent. I a	registered agent, or both, in the State t im familiar with, and accept the obligat	ions of, Section 617.0503, F	lorida Stati	utes		ation's board or direct	ors. I nereby accep	it tite appoi	iditetit as reg	istorou
SIGNATURE	•									
	Signature, typed or printed name of registered agen			Agen	il signature requ	uired when reinstating)		DATE		
12.	OFFICERS AN	···	13.			ADDITIONS/	CHANGES TO OF	FICERS AN		
TITLE	PD	DELETE	1.1 TI	πE	}				Change	Addition
NAME (THOMPAN, GWEN Thom	PSON	1.2 NA	ME	1			,		
STREET ADDRESS	TREET ADDRESS 2012 NE 4TH AVE				TADORESS					
CITY-ST-ZIP	WILTON MANORS FL 33305			TY-SI	T-ZIP	·	•		- 	
TITLE	VPD □ DELETE		2.1 TIT	2.1 TITLE					Change	☐ Addition
NAME	HOUSTON, MARION		2.2 N	ME						
STREET ADDRESS	2224 N.E. 19TH AVE		2,3 ST	REET	ADDRESS	•			- -	-
CITY-ST-ZIP	WILTON MANORS FL 33305			my-s	T-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE	VP □ DELETE			TLE			*		Change	☐ Addition
NAME	CHABOT, MARGARET		3.2 N	ME	1					
STREET ADDRESS	2011 MW 3RD TERRACE		3.3 ST	REET	FADDRESS		•	•		
CITY-ST-ZIP	WILTON MANORS FL 33305		3.4. CI	ΠΥ-S	T-ZIP					
TITLE	RS	□ DELETE	4,1 TI	îLE	T			•	Change	☐ Addition
NAME	WIPPLINGER, PHYLLIS		4. 2 N	AME						
STREET ADORESS			4.3 ST	REET	FADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	•	4.4 CF	TY-SI	T-ZIP					
TITLE	CS	☐ DELETE	5.1 गर						☐ Change	☐ Addition
NAME	RUSSO, SADIE		5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		5.4 CI	TY-SI	r-ZIP		-			
TITLE	TD	☐ DELETE	6.1 TIT	ĪΕ		······································	-		Change	Addition
NAME	MYERS, ADELINE R.		6.2 NA	ME						
		n7.	6.3 ST	REET	FADDRESS					•
CITY OF THE	520 NE 20TH ST APT-101. / 4	WITON	64 CI		- 1					

14. I hereby <u>Sequity</u> 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING PRINCET OR DIRECTOR

1. 13, 1999 566-5779

Davime Phone #

CR2E037 (11/98)