DOCUMENT # 770052 FILED 1. Entity Name Jan 08, 2001 8:00 am Secretary of State WOMAN'S CLUB OF WILTON MANORS, INC. 01-08-2001 90045 044 ****61.25 Principal Place of Business Mailing Address 600 NORTHEAST 21ST COURT 600 NORTHEAST 21ST COURT WILTON MANORS FL 33305 WILTON MANORS FL 33305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1104211 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUMIN, EDWARD R 2720 E. OAKLAND PARK BLVD. SUITE 106 City Zip Code FORT LAUDERDALE FL 33306 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE Delete Delete THOMPSON, GWEN NAME NAME STREET ADDRESS STREET ADDRESS 2012 NE 4TH AVE CITY-ST-7IP CITY-ST-ZIP WILTON MANORS FL 33305 D Delete TITLE TITLE VPD HOUSTON, MARION NAME NAME STREET ADDRESS 2224 N.E. 19TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WILTON MANORS FL 33305 ☐ Addition TITLE ☐ Change ☐ Delete TITLE GERARD, MARY NAME NAME STREET ADDRESS STREET ADDRESS 140 NE COURT E 117 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 Change (☐ Delete TITLE Addition TITI F GREENFIELD. MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 1940 NE 2ND AVE 103J CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 Change ☐ Addition Delete TITLE TITLE NAME RUSSO, SADIE NAME STREET ADDRESS 1628 NE 16TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33305 Addition ☐ Delete TITLE TITLE MYERS, ADELINE R. K. NAME NAME STREET ADDRESS 520 NE 20TH ST APT. 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 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 add

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CR2E037 (10/00)