


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90130 020 ****61.25

DOCUMENT # 770052 1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 59-1104211		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMIN, EDWARD R 2720 E. OAKLAND PARK BLVD. SUITE 106 FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTEI, MARY 649 NW 30TH CT WILTON MANORS, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIAN HOUSTON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, VERDE N 520 NE 20TH ST #802 WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO. PRESIDENT GWEN THOMPSON 2012 NE 4TH AVE W.M. FL. 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS THOMPSON, GWEN 2012 NE 4TH AVE WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT LEE VENGROWSKY 6000 N.E. 22ND WAY APT 5-C FT. LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD DROUILLARD, ESTHER 900 RIVERREACH DR FORT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY LORRAINE CUNNINGHAM 1042 NE 36TH ST. OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEE, CARMELA 3000 NE 5HT TERR A212 WILTON MANORS, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY KITTY WIRTEL 1418 NE 18TH AVE FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Carmela M. Dee</i>		4-22-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	