

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2004 -08:00 AM
Secretary of State**

DOCUMENT # N00000006597

1. Entity Name
LAUDERHILL WOMEN'S CLUB, INC.



Principal Place of Business
**4211 NW 24 ST
LAUDERHILL, FL 33313**

Mailing Address
**4211 NW 24 ST
LAUDERHILL, FL 33313**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1318090

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BATES, MARGARET
4211 NW 24 ST
LAUDERHILL, FL 33313**

M. Margaret Bates

**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

M. Margaret Bates

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**D
BATES, MARGARET
4211 NW 24 ST
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, BETTY
4846 NW 53 CIRCLE
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, ANNE
1521 NW 51 AVE
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000010098
01/22/04-80018-003 70.00

**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)(f), 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:

M. Margaret Bates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 (954) 485-1726
Date Daytime Phone #