2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # N0100007298 1. Entity Name CARROLLWOOD AREA WOMEN'S CLUB, INC. 04-22-2002 90144 043 ****61 25 Principal Place of Business Mailing Address 16208 TALAVERA DE AVILA 16208 TALAVERA DE AVILA **TAMPA FL 33613** TAMPA FL 33613 337707 2. Principal Place of Business 3. Mailing Address Brentwood Park Circl 4152 Breataged Park Corels Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONGACRE, MARTHA 16208 TALAVERA DE AVILA entumo **TAMPA FL 33613** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete President TITLE WILDE, DOREEN NAME Linda O'be NAME 14930 Deronshite Woods Place STREET ADDRESS 5011 PALOMA DR. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition MCKENZIE, KAY NAME 2806 ORMANDY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LAWRENCE, HELEN NAME 4701 WINDFLOWER CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change 🖊 Addition NAME STREET ADDRESS Sandy Springs cinele

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

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NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition