


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90060 043 ****61.25

DOCUMENT # N01000007298			
1. Entity Name CARROLLWOOD AREA WOMEN'S CLUB, INC.			
Principal Place of Business 4152 BRENTWOOD PARK CIRCLE TAMPA FL 33624		Mailing Address 4152 BRENTWOOD PARK CIRCLE TAMPA FL 33624	
2. Principal Place of Business 5007 PALOMA DR		3. Mailing Address 5007 PALOMA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA		City & State TAMPA	
Zip 33624	Country USA	Zip 33624	Country USA



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE		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 HERZOG, E. HEIDE 9115 BRINDLEWOOD ODESSA FL 33556		7. Name and Address of New Registered Agent Name HERZOG NEUHARDT (ELIZABETH) Street Address (P.O. Box Number is Not Acceptable) 5007 PALOMA DR City TAMPA FL Zip Code 33624	

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: Ed Neuhardt LIZ NEUHARDT, TREASURER.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDE, DOREEN 5011 PALOMA DR. TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTI SNOW - ... <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11404 GALLERIA DR TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, KAY 2806 ORMANDY CT. TAMPA FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYDIA LOMBARDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19414 MORDEN BLUSH LUTZ FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, HELEN 4701 WINDFLOWER CIR. TAMPA FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W DIORANNA DOELLING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14107 STONE GATE DR TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THICLEMANN, BETTY 19353 SANDY SPRINGS CIRCLE LUTZ FL 33558-9734 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY BRITTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5056 BARROUE DR TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELSON, ELEANOR 1903 N. VILLAGE AVE. TAMPA FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDY PETERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13819 CYPRESS VILLAGE CR TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lydia Lombardo 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #