
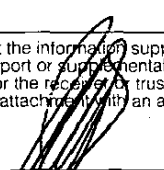


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 022 \*\*\*\*61.25

<b>DOCUMENT # N01000007523</b> 1. Entity Name <b>DANIA BEACH WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>17 NW 1ST AVENUE DANIA BEACH FL 33004</b>			Mailing Address <b>PO BOX 1638 DANIA BEACH FL 33004</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0627832</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DISHER, JEAN 1305 N. 12TH CT. HOLLYWOOD FL 33019</b>			7. Name and Address of New Registered Agent Name <b>CARMEN MENDOZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>131 SE 3RD AVE #406</b> City <b>DANIA</b> FL Zip Code <b>33004</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPIN, DIANE		NAME		
STREET ADDRESS	PO BOX 1638		STREET ADDRESS		
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOR, NORMA		NAME		
STREET ADDRESS	PO BOX 1638		STREET ADDRESS		
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SLOAN, DORIS		NAME	<b>PHILOMENA LENNON</b>	
STREET ADDRESS	PO BOX 1638		STREET ADDRESS	<b>809 ARGONAUT ISLE</b>	
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DISHER, JEAN		NAME	<b>CARMEN MENDOZA</b>	
STREET ADDRESS	1305 N 12TH CT		STREET ADDRESS	<b>131 SE 3RD AVE #406</b>	
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 recipient 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.					
<b>SIGNATURE:</b>  <b>CARMEN MENDOZA</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2/17/04</b> <b>954 921 4173</b> Date Daytime Phone #		