


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 025 ****61.25

DOCUMENT # N01000008812	
1. Entity Name THE WOMEN'S CLUB OF COCONUT CREEK, INC.	

Principal Place of Business 4321 NW 10TH ST COCONUT CREEK, FL 33066	Mailing Address 4372 NW 44 Terr COCONUT CREEK, FL 33066
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00000126



07102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 01-0642522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELCH, SANDRA L 4321 NW 10TH ST COCONUT CREEK, FL 33066
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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 _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, SANDRA L 4321 NW 10TH ST COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMIN, PAULA 491 NW 42ND AVE COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEFAIVRE, JUDY 5731 NW 40 TERR COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Sandra Welch</u>	Date: <u>7/22/05</u>	Daytime Phone #: <u>9549577321</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		