


FILED
Mar 03, 2006 8:00 am
Secretary of State

DOCUMENT # N01000008812					
1. Entity Name THE WOMEN'S CLUB OF COCONUT CREEK, INC.					
Principal Place of Business 4372 NW 44TH TERR COCONUT CREEK, FL 33073			Mailing Address 4372 NW 44TH TERR COCONUT CREEK, FL 33073		
2. Principal Place of Business 4865 NW 58th PL			3. Mailing Address 4865 NW 58th PL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coconut Creek FL			City & State Coconut Creek FL		
Zip 33073	Country USA		Zip 33073	Country USA	
6. Name and Address of Current Registered Agent					
WELCH, SANDRA L 4372 NW 44 TERR COCONUT CREEK, FL 33073					Name Harc
					Street Address
					4865
					City Coco
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE <i>Christine Harcarik</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Christine Harcarik <small>(NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> Delete				TITLE
NAME	WELCH, SANDRA L				NAME
STREET ADDRESS	4321 NW 10TH ST				STREET ADDRESS
CITY-ST-ZIP	COCONUT CREEK, FL 33066				CITY-ST-ZIP
TITLE	P <input type="checkbox"/> Delete				TITLE
NAME	LEMIN, PAULA				NAME
STREET ADDRESS	491 NW 42ND AVE				STREET ADDRESS
CITY-ST-ZIP	COCONUT CREEK, FL 33066				CITY-ST-ZIP
TITLE	T. <input type="checkbox"/> Delete				TITLE
NAME	LEFAIVRE, JUDY				NAME
STREET ADDRESS	5731 NW 40 TERR				STREET ADDRESS
CITY-ST-ZIP	COCONUT CREEK, FL 33073				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
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 exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Christine Harcarik</i>					Christine Harcarik,
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					