


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90286 020 ****70.00

DOCUMENT # N02000007339 1. Entity Name TRI-COUNTY BUSINESS WOMEN, INC					
Principal Place of Business 607 LISBON LANE THE VILLAGES, FL 32159			Mailing Address 607 LISBON LANE THE VILLAGES, FL 32159		
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 52-2382913	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUNT, CAROLYN L 1203 SAN BERNARDO RD THE VILLAGES, FL 32162				7. Name and Address of New Registered Agent Name <u>Pamela Gardener</u> Street Address (P.O. Box Number is Not Acceptable) <u>20575 Walnut St.</u> City <u>Dunnellon</u> FL Zip Code <u>34431</u>	
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 <u>P. Gardener</u>		President		3-25-04	
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, CAROLYN L 1203 SAN BERNARDO RD THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pamela Gardener 20575 Walnut St. Dunnellon, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, JULIA 2148 MARGARITA DR THE VILLAGES, FL 32159	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Susan Prickett Kathy Havi Land 3839 Christina Ter 36607 Rolling Acres Rd. Lady Lake, FL 32759 Fruitland, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GOLDENSOHN, HENNIE 607 LISBON LA LADY LAKE, FL 32159	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CURLEY, MAUREEN 1203 ARRIAGO WAY THE VILLAGES, FL 32162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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>P. Gardener</u>		3/25/04 352-237-6141			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			