

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				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HUNT, CAROLYN L 1203 SAN BERNARDO RD THE VILLAGES, FL 32162			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>[Signature]</u>		President		DATE <u>3-25-04</u>			
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNT, CAROLYN L		NAME	Pamela Gardener			
STREET ADDRESS	1203 SAN BERNARDO RD		STREET ADDRESS	20575 Walnut St.			
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-ZIP	Dunnellon, FL 34431			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, JULIA		NAME	Susan Prickett Kathy Haviland			
STREET ADDRESS	2148 MARGARITA DR		STREET ADDRESS	3839 Christina Ter 36607 Rolling Acres Rd.			
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	Lady Lake, FL 32159 Fruitland, FL 34731			
TITLE	TREA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDENSOHN, HENNIE		NAME				
STREET ADDRESS	607 LISBON LA		STREET ADDRESS				
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP				
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURLEY, MAUREEN		NAME				
STREET ADDRESS	1203 ARRIAGO WAY		STREET ADDRESS				
CITY-ST-ZIP	THE VILLAGES, FL 32162		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				
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 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>[Signature]</u>		3/25/04		352-237-6141			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			