

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 015 ****61.25

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1. Entity Name

HEATHROW WOMEN'S CLUB CHARITIES, INC.



Principal Place of Business

1624 CHERRY RIDGE DRIVE
HEATHROW FL 32746

Mailing Address

1624 CHERRY RIDGE DRIVE
HEATHROW FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

54-2107195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARRAH, PATRICE M.
1624 CHERRY RIDGE DRIVE
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DOVE, CAROL ANN
STREET ADDRESS 1331 TODSWORTH TERRACE
CITY-ST-ZIP HEATHROW FL 32746

TITLE VD ☐ Delete
NAME NEVELEFF, PATTI
STREET ADDRESS 1248 BRAMPTON PLACE
CITY-ST-ZIP HEATHROW FL 32746

TITLE VD ☒ Delete
NAME KOGLIN, CLARIS
STREET ADDRESS 1656 ROCKDALE LOOP
CITY-ST-ZIP HEATHROW FL 32746

TITLE TD ☐ Delete
NAME DARRAH, PATRICE M.
STREET ADDRESS 1627 CHERRY RIDGE DRIVE
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President/Director ☒ Change ☐ Addition
NAME Patti Neveless
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President/Director ☐ Change ☒ Addition
NAME Sheryl Johnson
STREET ADDRESS 1520 Langham Terrace
CITY-ST-ZIP Heathrow FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patrice M. Darrah (Patrice M. Darrah)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

Daytime Phone #