2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # N03000010288

STREET ADDRESS 1122 NW 2ND STREET

DELRAY BEACH FL 33444

	ANNUAL R	EPORT (AR	)		An	· 21 20		n am
DOCUMENT # N03000010288 1. Entity Name					Apr 24, 2008 8:00 am Secretary of State			
	S J. BRIGHT WOMAN'S CLU TION, INC.	B CHARITABLE			0	4-24-2008 901	11 020 ****61	.25
Principal Place of Business		Mailing Address						
730 CHATELAINE BOULEVARD EAST DELRAY BEACH FL 33445		730 CHATELAINE BOULEVARD EAST DELRAY BEACH FL 33445						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			† (88)  (8 <b>† 8</b>  )	EZIBB IIIIF BAJA BBIII BBIII		U   U
Suite, Apr. #, etc.		Suite, Apt. #, etc.			1st MC	OORE CH	32E037 (10/07)	
City & Stat	е	City & State			4. FEI Number	75-3141234	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
× /				Name				
HART, NADINE. 205 MARTIN LUTHER KING BLVD., DELRAY BEACH FL 33444			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
		City		<u>,</u>			FL Zip Co	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered office or	register	ed agent, or both, in	the State of Florida	a. Lam familiar with	n, and accept
*	,*							
SIGNATURE	Signature, typed or printed name of registered agent a	und blue Europia and Chief	IE. Dan street American		Lucian constants)		DATE	
	эприятия, турни се уписен пастел пер мегео адели в	THE TREDESIGNED. (NO.	TE: Registored Agont signatur	10 100 1100	(what it distant)	Treasuring Topics a completion	LATE	15 0 mark 14 1 14 1
	FILE NOW: FEE IS \$61.25 Due By May 1, 2008		impaign Financing Contribution. [		<b>\$5.00</b> May Be Added to Fees		Check Payabl Department of	
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	N 10
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME	HART, NADINE  205 MARTIN LUTHER KING BLVD.		NAME					
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33444		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			***************************************	☐ Change	Addition
NAME	PARKER, LILLIE	LLJ Delitie	NAME				Grange	
STREET ADDRESS	730 CHATELAINE BOULEVARD EA	AST	STREET ADDRESS					
CITY-ST-ZIP	DELRAY BÉACH FL 33445		CITY-SY-ZIP			····		
TITLE	D	☐ Delete	TITLE				☐ Change	ncitibbA
NAME STREET ADDRESS	SMITH, HENRIETTA 1202 NW 2ND ST.		NAME STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP					
TITLE	D	X Datete	TITLE				Change	☐ Addition
NAIVE	BRYANT, SHIRLEY		NAME					
STREET ADDRESS	645 ENFIELD COURT		STREET ADDRESS					
CITY-ST-ZIF	DELRAY BEACH FL 33444		CITY-\$T-ZiP					
THRE	D HUDSON, ADDIE	☐ Delete	TITLE				Change	nettibbA 🔲
NAME STREET ADDRESS	10204 HAGEN RANCH RD		NAME STREET ADDRESS					
CITY-SI-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME	POMPEY, H. RUTH		NAME					_

**FILED** 

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZP

Pelie W. Payker - Lillic W. Parker