2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90003 050 ****61.25

DOCUMENT # N07853

1. Entity Name
CEDAR KEY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2419 EAST HWY. 24 CEDAR KEY, FL 32625	P.O. BOX 631 CEDAR KEY, FL 32625

02112004 Chg-NP CR2E037 (10/03)

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAYHA, MILLIE 16351 SHELLCREST AVENUE CEDAR KEY, FL 32625	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAYHA, MILLIE 16351 SHELLCREST AVENUE CEDAR KEY, FL 32625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Jerry Walling P. O. Box 728 Cedar Key, FL 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD CASEY, SUZANNE 12151 SW 1065 TERRACE CEDAR KEY, FL 32625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP Joan Hendrix 12870 Jernigan Cedar Key, FL 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC ELKIN, JUDY 12406 LIVE OAK STREET CEDAR KEY, FL 32625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Anne Walker PO Box 909 Cedar Key, FL. 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT REED, NANCY 7950 SW 132 TERRACE CEDAR KEY, FL 32625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT HENDRIX, JANET 12870 JERNIGAN CEDAR KEY, FL 32625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Sue Casey P.O. Box 123 Cedar Key, FL 32625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nancy Reed Treasurer 4-3-04 (352) 543-9794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #