

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90122 015 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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 **PD** ☐ Delete
NAME **BAYHA, MILLIE**
STREET ADDRESS **16351 SHELLCREST AVENUE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE **1VPD** ☐ Delete
NAME **CASEY, SUZANNE**
STREET ADDRESS **12151 SW 1065 TERRACE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE **SEC** ☐ Delete
NAME **ELKIN, JUDY**
STREET ADDRESS **12406 LIVE OAK STREET**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE **TT** ☐ Delete
NAME **REED, NANCY**
STREET ADDRESS **7950 SW 132 TERRACE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE **2VPT** ☐ Delete
NAME **HENDRIX, JANET**
STREET ADDRESS **12870 JERNIGAN**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *M. Bayha* **MILLIE BAYHA, Pres.**

1-20-03

CR2E037 (10/02)