FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:05

DOCUMENT # **N08283** (6)

1. Corporation Name

CORAL RIDGE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
3627 NE 19TH AVE P.O. BOX 70282 FORT LAUDERDALE FL 33307	3627 NE 19TH AVE P.O. BOX 70282 FORT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/21/1985	03/22/1994

4. FEI Number: 59-6194653 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1301 Middle River Dr	26 P. O. Box 70282
Suite, Apt #, etc: 22 P. O. Box 70282	Suite, Apt #, etc: 27
City & State: 23 Ft. Lauderdale, FL	City & State: 28 Ft. Lauderdale, Fl.
Zip: 24 33307 — Country: 25 USA	Zip: 29 33307 — Country: 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REISERT, HELEN
2817 NE 25TH CT
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: Joan Glick
82 Street Address (P.O. Box Number is Not Acceptable): 3448 NE 30th Ave.
83
84 City: Lighthouse Point, FL — FL — 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joan S Glick, President — 4/4/95
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	Treasurer / Director ☑ Change ☐ Addition
NAME	EASTERLING, KATHIE	12 NAME	Easterling, Kathie
STREET ADDRESS	1301 MIDDLE RIVER DR.	13 STREET ADDRESS	1301 Middle River Dr
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	Ft Lauderdale, Fl 33304
TITLE	P	21 TITLE	President / Director ☑ Change ☐ Addition
NAME	REISERT, HELEN n	22 NAME	Joan Glick
STREET ADDRESS	2817 NE 25 CT	23 STREET ADDRESS	3448 NE 30 Ave
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	Lighthouse Point, Fl 33064
TITLE	VP	31 TITLE	1st VP / Director ☑ Change ☐ Addition
NAME	DEROSIA, CHRISTY	32 NAME	Pam Sargent
STREET ADDRESS	2251 NE 62 ST.	33 STREET ADDRESS	3531 NE 30 Ave
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	Lighthouse Point, Fl 33064
TITLE	VP	41 TITLE	2nd VP / Director ☑ Change ☐ Addition
NAME	HERRING, CINDY	42 NAME	Cindi Souther
STREET ADDRESS	7527 NW 88 WAY	43 STREET ADDRESS	2624 NE 27 Ave
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	Ft Lauderdale, Fl 33306
TITLE	VP	51 TITLE	3rd VP ☑ Change ☐ Addition
NAME	GRIFFIN, KATHY	52 NAME	Sharon Haworth
STREET ADDRESS	4501 W ATLANTIC BLVD #1504	53 STREET ADDRESS	9078 Chrysanthemum Dr
CITY ST ZIP	COCONUT CRK FL	54 CITY ST ZIP	Boynton Beach, Fl 33437
TITLE	VP	61 TITLE	4th VP ☑ Change ☐ Addition
NAME	KERN, DEBRA	62 NAME	Jean Roberts
STREET ADDRESS	4210 NE 26TH AVE	63 STREET ADDRESS	2664 NE 26 Ave
CITY ST ZIP	FT. LAUDERDALE FL	64 CITY ST ZIP	Ft Lauderdale, Fl 33306

REMITTED — MAY

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathie Easterling — 4/4/95 — 305/561-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045613