

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08283 (6)

1. Corporation Name

CORAL RIDGE JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 70282
P.O. BOX 70282
FT LAUDERDALE FK 33307
US

P O BOX 70282
P.O. BOX 70282
FT LADUERDALE FL 33307
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/21/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

59-6194653

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

GLICK, JOAN
3448 NE 30TH AVE
LIGHTHOUSE POINT FL 33064

81 Name

CATHY ROBERTS

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

1806 NE 28 ST

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33306

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Cathy Roberts* (CATHY ROBERTS)

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

(NOTE: Registered Agent signature required when reinstating)

4/27/96

12. OFFICERS AND DIRECTORS

TITLE ~~TD~~ DELETE

NAME EASTERLING, KATHIE
STREET ADDRESS 1301 MIDDLE RIVER DR.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ~~PD~~ DELETE

NAME GLICK, JOAN
STREET ADDRESS 3448 NE 30TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ~~VPD~~ DELETE

NAME SARGENT, PAM
STREET ADDRESS 3531 NE 30TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ~~VPD~~ DELETE

NAME SOUTHER, CINDI
STREET ADDRESS 2624 NE 27TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ~~VP~~ DELETE

NAME HAWORTH, SHARON
STREET ADDRESS 9078 CHRYSANTHEUM DR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ~~VP~~ DELETE

NAME ROBERTS, JEAN
STREET ADDRESS 2664 NE 26TH VE
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~TD~~ Change ☒ Addition

1.2 NAME CATHY ROBERTS

1.3 STREET ADDRESS 1806 NE 28 ST

1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306

2.1 TITLE ~~PD~~ Change ☒ Addition

2.2 NAME KATHY GRIFFIN

2.3 STREET ADDRESS 4513 W. ATLANTIC BLVD #1910

2.4 CITY-ST-ZIP COCONUT CREEK, 33066

3.1 TITLE ~~VPD~~ Change ☒ Addition

3.2 NAME MICHELLE STERNOLA

3.3 STREET ADDRESS 2942 CORAL SHORES DR

3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306

4.1 TITLE ~~VP~~ Change ☒ Addition

4.2 NAME CINDY SPARKMAN

4.3 STREET ADDRESS 3319 N.E. 18 ST

4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33305

5.1 TITLE Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Cathy Roberts* CATHY ROBERTS

4/27/96 (954)
561-1083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)