# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 16, 2004 8:00 am**
**Secretary of State**
04-16-2004 90090 022 ****61.25

DOCUMENT # N21459

1. Entity Name

WOMAN'S CLUB OF ZEPHYRHILLS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 38540- 5TH AVENUE<br>PO BOX 735<br>ZEPHYRHILLS FL 33540<br>US | P.O. BOX 735<br>PO BOX 735<br>ZEPHYRHILLS FL 33539-0735<br>US |

MOORE .CR2E037 (11/03)

| 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 59-6562281 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MISHIC, MAGGIE
38405-5 EVERGREEN VILLAGE DR.
ZEPHYRHILLS FL 33540-7556

**7. Name and Address of New Registered Agent**

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**
**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<br>GRAY, JOAN<br>5323 HILL DR<br>ZEPHYRHILLS FL 33541 | ☐ Delete | PD<br>Virginia Sayer<br>6801 Foxmoor Dr<br>Zephyrhills Fl 33542 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RATH, HELEN<br>4850 HURON STREET<br>ZEPHYRHILLS FL 33541 | ☐ Delete | VD<br>Betty Olszewski<br>6307 Betty St<br>Zephyrhills, Fl 33542 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FUTTER,-ESTHER-<br>4914 SHAW DR<br>ZEPHYRHILLS FL 33541 | ☐ Delete | VD<br>Esther Futter<br>4914 Shaw Dr<br>Zephyrhills Fl 33541 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>RICHMOND, RUTH<br>4902 SHAW DR.<br>ZEPHYRHILLS FL 33541 | ☐ Delete | SD<br>Greta Elli s<br>6540 Foxmoor Dr<br>Zephyrhills Fl 33542 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CSD<br>DIVITALE, BEATRICE<br>38408 COTTONWOOD PLACE<br>ZEPHYRHILLS FL 33542 | ☐ Delete | CSD<br>Wilma Ray<br>4717 Olive Dr<br>Zephyrhills Fl 33542 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MISHIC, MAGGIE<br>38405-5 EVERGREEN VILLAGE DR<br>ZEPHYRHILLS FL 33542 | ☐ Delete | TD Maggie Mishic<br>38405-5 Evergreen Village Dr<br>Zephyrhills Fl 33542 | ☐ 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:** Maggie Mishic Maggie Mishic 4-6-04 813-783-9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #