

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N21459

1. Entity Name
WOMAN'S CLUB OF ZEPHYRHILLS, INC.



Principal Place of Business
38540- 5TH AVENUE
PO BOX 735
ZEPHYRHILLS, FL 33540 US

Mailing Address
P.O. BOX 735
PO BOX 735
ZEPHYRHILLS, FL 33539-0735 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202005 REIN-NP CR2E099 (6/04)

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

7. Name and Address of New Registered Agent

MISHIC, MAGGIE
38405-5 EVERGREEN VILLAGE DR.
ZEPHYRHILLS, FL 33540-2556

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.

Maggie Mishic

(NOTE: Registered Agent signature required when reinstating)

10-28-05

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

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 GRAY, JOAN
STREET ADDRESS 5323 HILL DR
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE PD ☒ Change ☐ Addition
NAME Betty Olszewski
STREET ADDRESS 5307 Betty St
CITY-ST-ZIP Zephyrhills Fl 33542

TITLE VD ☐ Delete
NAME RATH, HELEN
STREET ADDRESS 4850 HURON STREET
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE VD ☒ Change ☐ Addition
NAME Emilie Mastin
STREET ADDRESS 6227 Huntington Dr
CITY-ST-ZIP Zephyrhills Fl 33542

TITLE VD ☐ Delete
NAME FUTTER, ESTHER
STREET ADDRESS 4914 SHAW DR
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE VD ☐ Change ☐ Addition
NAME Esther Futter
STREET ADDRESS 300061221489
CITY-ST-ZIP 11/07/05--01064--017 **245.00

TITLE SVD ☐ Delete
NAME RICHMOND, RUTH
STREET ADDRESS 4902 SHAW DR.
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE SVD ☒ Change ☐ Addition
NAME Greta Ellis
STREET ADDRESS 6540 Foxmoor Dr
CITY-ST-ZIP Zephyrhills Fl 33542

TITLE CSD ☐ Delete
NAME DIVITALE, BEATRICE
STREET ADDRESS 38408 COTTONWOOD PLACE
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE CSD ☒ Change ☐ Addition
NAME Wilma Ray
STREET ADDRESS 4717 Olive Dr
CITY-ST-ZIP Zephyrhills Fl 33542

TITLE TD ☐ Delete
NAME MISHIC, MAGGIE
STREET ADDRESS 38405-5 EVERGREEN VILLAGE DR
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE TD ☐ Change ☒ Addition
NAME Maggie Mishic
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:

Maggie Mishic

10-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 NOV -7 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

