

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 032 ****61.25

DOCUMENT # N25689

1. Entity Name
COLLEGE PARK WOMENS CIVIC CLUB, INC.



Principal Place of Business
**714 DARTMOUTH STREET
ORLANDO, FL 32804 US**

Mailing Address
**714 DARTMOUTH STREET
ORLANDO, FL 32804 US**

50011319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6143854

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FRANK, JACQUELINE
632 SHERIDAN BLVD.
ORLANDO, FL 32804**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **P** ☒ Delete
NAME **HUMPHRIES, DOLORES**
STREET ADDRESS **311 RAVEN ROCK LN**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **P** ☒ Change ☐ Addition
NAME **Humphries, Dolores**
STREET ADDRESS **311 Raven Rock Lane**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **VP** ☐ Delete
NAME **COX, DOTTIE**
STREET ADDRESS **517 MOONSTONE WAY**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **P** ☒ Change ☐ Addition
NAME **Cox, Dottie**
STREET ADDRESS **517 Moonstone Way**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **VPD** ☐ Delete
NAME **FERRIS, MARILYN**
STREET ADDRESS **2411 EATON LN**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **P** ☐ Change ☐ Addition
NAME **Ferris, Marilyn**
STREET ADDRESS **2411 Eaton Ln**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **RSD** ☒ Delete
NAME **LINDSEY, JOANN**
STREET ADDRESS **3107 DELANEY**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **RSD** ☐ Change ☒ Addition
NAME **Nestle, Barbara**
STREET ADDRESS **2918 S. Semoran Blvd.**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **CSD** ☒ Delete
NAME **FRANK, JACQUELINE**
STREET ADDRESS **632 SHERIDAN BLVD**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **CSD** ☐ Change ☒ Addition
NAME **Sturges, Francis**
STREET ADDRESS **70 W. Lucerne #716**
CITY-ST-ZIP **Orlando, FL 32801**

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:

Dolores S. Humphries, Treasurer

Date

Daytime Phone #