

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90314 012 \*\*\*\*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**

**55046602**

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 **59-6143854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

*Dolores S. Humphries*

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

(NOTE: Registered Agent signature required when reinstating)

**4/21/03**

DATE

**FILE NOW: FEE IS \$61.25**

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 **TD** ☐ Delete  
NAME **HUMPHRIES, DOLORES**  
STREET ADDRESS **110 HUNTERS TRAIL**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☒ Change ☐ Addition  
NAME **HUMPHRIES, DOLORES**  
STREET ADDRESS **311 RAVEN ROCK LANE**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **PD** ☒ Delete  
NAME **BADGER, ALICE**  
STREET ADDRESS **633 LAKE DOT CIR APT 909**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **2VP** ☒ Delete  
NAME **ZULAUS, BERTHA**  
STREET ADDRESS **122 MAYFAIR CT**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VP** ☐ Change ☒ Addition  
NAME **FERRIS, MARILYN**  
STREET ADDRESS **2411 EATON LANE**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **RS** ☐ Delete  
NAME **VOSS, ELLEN**  
STREET ADDRESS **3101 NEALWOOD AVE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VP** ☐ Change ☒ Addition  
NAME **ELLEN VOSS - RS**  
STREET ADDRESS **3101 NEALWOOD AVE**  
CITY-ST-ZIP **ORLANDO - FL - 32806**

TITLE **CSD** ☒ Delete  
NAME **MOSS, JULIA**  
STREET ADDRESS **640 DUNRAVEN DR**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dolores S. Humphries (Return 6/2/03)*

**4/21/03**

DATE

Daytime Phone #

CP25037 (10/02)