2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # N27304 05-02-2006 90221 047 ****61.25 1. Entity Name MELROSE WOMAN'S CLUB, INC. Principal Place of Business Mailing Address PINE STREET MELROSE FL 32666 P.O. BOX 234 MELROSE FL 32666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2811880 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMPSON, PAT Street Address (P.O. Box Number is Not Acceptable) 6414 BUCKNELL AVENUE KEYSTONE HEIGHTS FL 32656 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. 4-20-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDEN ☐ Change ☐ Delete TITLE ☐ Addition SIMPSON, PAT impson, NAME NAME 6414 BUCKNELL AVENUE Bucknell Alknue STREET ADDRESS STREET ADDRESS KEYSTONE HEIGHTS FL 32656 CITY - ST - ZIP CITY-ST-ZIP **FVPD** 🔀 Change TITLE ☐ Detete TITLE PATTERSON, CLARA NAME NAME 8157 MERIDAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP TITLE VPD ☐ Delete ☐ Change ☐ Addition BUFFINTON, FRAN NAME NAME 1455 SO LAWRENCE BLVD STREET ADDRESS STREET ADDRESS ಽಽ CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP TITLE TITLE ☐ Delete Addition Change MARROW, MARILYN NAME Holden Pork STREET ADDRESS 6514 WOODLAND DRIVE STREET ADDRESS KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TOMLINSON, DARLENE NAME NAME 235 S W AZALEA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP -L 32656 TITLE ☐ Delete TITLE FRANZEN, MABLE NAME NAME Orro Drive 392 S.E. FOURTH AVENUE STREET ADDRESS STREET ADDRESS MELROSE FL 32666 CITY-ST-ZIP CITY-ST-ZIP Heights, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 4

4-20-06

FILED