FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:49

DOCUMENT # N28978 (7)

1. Corporation Name
THE PASADENA WOMEN'S CLUB

Principal Place of Business	Mailing Address
1 SUNSET DRIVE. SOUTH ST. PETERSBURG FL 33707	1 SUNSET DRIVE. SOUTH ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0746905 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~WALKER, JOAN LOBIANCO~~
~~5263 CENTRAL AVENUE~~
~~ST. PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name: Beckett Mrs. Gardner, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 8252 35th Av. N.
83: St. Petersburg, Fl
84 City: FL 85 Zip Code: 33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE: Beckett, Mrs Gardner, Jr Beverly G. Beckett DATE: 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President ☐ Change ☐ Addition
NAME	BOWEN, MRS. WILLIAM	1.2 NAME	Bowen, Mrs. W.
STREET ADDRESS	7961 4TH AVENUE SOUTH	1.3 STREET ADDRESS	7961 - 4th Av. S
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg - Fl
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GUINAN, MRS. ROBERT S	2.2 NAME	
STREET ADDRESS	7925 9TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	~~S~~	3.1 TITLE	S ☒ Change ☐ Addition
NAME	~~BEVIER, MRS. RALPH H~~	3.2 NAME	Gamage, Mrs. Hall B.
STREET ADDRESS	~~8333 SEMINOLE BLVD., 422~~	3.3 STREET ADDRESS	# 370 - 8333 Seminole Blvd
CITY-ST-ZIP	~~SEMINOLE FL~~	3.4 CITY-ST-ZIP	Seminole, Fl 34642
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	~~LIVINGSTONE, DWIGHT~~	4.2 NAME	Bevier, Mrs Ralph
STREET ADDRESS	~~1151 70TH STREET SOUTH~~	4.3 STREET ADDRESS	8333 Seminole Blvd, 422
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	4.4 CITY-ST-ZIP	Seminole, Fl 34642
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	~~OLECK, MRS. HOWARD~~	5.2 NAME	Whalen, William Mrs
STREET ADDRESS	~~7925 PELICAN BAY PL~~	5.3 STREET ADDRESS	11265 9th ST. E
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	5.4 CITY-ST-ZIP	Treasure Island, Fl 33706
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	~~KINNEY, JOE R. M~~	6.2 NAME	Denning, Martha Mrs
STREET ADDRESS	~~7700 SUN ISLAND DR., SUITE 101~~	6.3 STREET ADDRESS	8333 Seminole Blvd
CITY-ST-ZIP	~~SOUTH PASADENA FL~~	6.4 CITY-ST-ZIP	Apt. 631 Seminole, Fl 34642

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosemary K. Bowen 1/12/94 (813) 345-4478
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Rosemary K. Bowen

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