

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28978

(7)

1. Corporation Name

THE PASADENA WOMEN'S CLUB



Principal Place of Business

1 SUNSET DRIVE, SOUTH
ST. PETERSBURG FL 33707

Mailing Address

1 SUNSET DRIVE, SOUTH
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified
10/24/1988

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKETT, RMS. G JR.
8252 35TH AV. N.
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOWEN, MRS. W
STREET ADDRESS 7961- 4TH AV. S
CITY-ST- ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME GUINAN, MRS. ROBERT S
STREET ADDRESS 7925 9TH AVE S
CITY-ST- ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME GAMAGE, MRS. H B
STREET ADDRESS 8333 SEMINOLE BLVD
CITY-ST- ZIP SEMINOLE FL

TITLE ☒ DELETE

NAME BEVIER, MRS. R
STREET ADDRESS 8333 SEMINOLE BLVD. 422
CITY-ST- ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME WHALEN, MRS. W
STREET ADDRESS 11285 9TH ST E
CITY-ST- ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

NAME DENNING, MRS. M
STREET ADDRESS 8333 SEMINOLE BLVD APT 631
CITY-ST- ZIP SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Elizabeth Waym
1.3 STREET ADDRESS 2410 Dolphin Blvd, S
1.4 CITY-ST- ZIP St Petersburg, FL 33707

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Mrs H. B. Gamage
3.3 STREET ADDRESS 8333 Seminole Blvd # 370
3.4 CITY-ST- ZIP Seminole, FL 34642

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Mrs G. B. Bevier Jr.
4.3 STREET ADDRESS 8252 35th Ave, North
4.4 CITY-ST- ZIP St. Petersburg, FL 33710

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Auditor
5.3 STREET ADDRESS Mrs W. Whalen
5.4 CITY-ST- ZIP 11285 9th St E
Treasure Island, FL 33706

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tramier 1/22/96 813-398-459

CR2E037 (12/95)