


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28978

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/24/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

O'BRIEN, MRS. GERARD J., JR

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

7995 BOGIE AVENUE NORTH

83

84 City

ST PETERSBURG

FL

85 Zip Code

33710

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

Mildred P. O'Brien

MILDRED P. O'BRIEN, ASST TREAS

7/7/99

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 D
WAGNER, MRS. RIENARDS E
STREET ADDRESS 2040 DOLPHIN BLVD. S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME P
JACKSON, MRS ROBERT S J
STREET ADDRESS 1764 65 ST N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ DELETE

NAME S
GAMAGE, MRS. HB
STREET ADDRESS 8333 SEMINOLE BLVD. #370
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ DELETE

NAME D
BECKETT JR, MRS. GARDNER W
STREET ADDRESS 8252 35TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME T
JURGENSEN, MRS CHARLOTTE
STREET ADDRESS 7100 S SHORE DR
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME LIVINGSTONE, MRS DWIGHT H.
1.3 STREET ADDRESS 1151 79TH ST SO.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33707

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME JACKSON, MRS. ROBERT S.
2.3 STREET ADDRESS 1764 65TH ST. NO.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME DELL, MRS ROBERT A.
3.3 STREET ADDRESS 662 BOCA CIEGA PT. BLVD. SOUTH
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33708

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME WAGNER, MRS. RICHARD
4.3 STREET ADDRESS 2040 DOLPHIN BLVD SO
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33707

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME WHALEN, MRS WILLIAM E.
5.3 STREET ADDRESS 11285 9TH ST EAST
5.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME RUPPEL, MRS CLARENCE
6.3 STREET ADDRESS RANDOLPH FARMS, VILLA 1705
6.4 CITY-ST-ZIP 13300 INDIAN RKS RD, LARGO, FL 34644

14. 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 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, with all other like empowered.

SIGNATURE:

Mildred P. O'Brien

SIGNATURE REQUIRED

MILDRED P. O'BRIEN

7/7/99

727-345-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0007441