

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90006 036 ****61.25

DOCUMENT # N28978

1. Entity 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**

44010013

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

59-0746905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JURGENSEN, CHARLOTTE S
7100 S SHORE DR, S
S. PASADENA FL 33907**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE ☒ D
NAME **RODES, GARBY MRS**
STREET ADDRESS **7000 DATEB PALM AVE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707** ☒ Delete

TITLE ☐ S
NAME **JACKSON, MRS ROBERT S J**
STREET ADDRESS **1764 65 ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710** ☐ Delete

TITLE ☐ D
NAME **LIVINGSTONE, MRS DWIGHT H**
STREET ADDRESS **1151 79TH ST SO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707** ☐ Delete

TITLE ☐ P
NAME **JURGENSEN, CHARLOTTE S**
STREET ADDRESS **7100 S, SHORE DR, S**
CITY-ST-ZIP **S. PASADENA FL 33907** ☐ Delete

TITLE ☒ D
NAME **REGINALD, IVERSON MRS**
STREET ADDRESS **7922 11 AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707** ☒ Delete

TITLE ☐ D
NAME **RUPPEL, MRS CLARENCE**
STREET ADDRESS **13300 INDIAN RKS RD**
CITY-ST-ZIP **LARGO FL 34644** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ D
NAME **BOWEN, MRS. WILLIAM**
STREET ADDRESS **7961 4TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707** ☒ Change ☐ Addition

TITLE ☐ S
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ P
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ D
NAME **PATTERSON, MRS. GEORGE**
STREET ADDRESS **7981 10TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707** ☒ Change ☐ Addition

TITLE ☐ D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Charlotte S Jurgensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #