

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90293 046 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

Name JACKSON, MRS. ROBERT S.J.

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

1764 65th St. N.

City

ST. PETERSBURG

**FL**

Zip Code

33710

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

Charlotte S. Jurgensen (Mrs. Robert S. Jurgensen Jr.)

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

(NOTE: Registered Agent signature required when changing)

4/11/05

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

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	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, WILLIAM MRS	
STREET ADDRESS	7961 4TH AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MRS ROBERT S J	
STREET ADDRESS	1764 65 ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTONE, MRS DWIGHT H	
STREET ADDRESS	1151 79TH ST SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JURGENSEN, CHARLOTTE S	
STREET ADDRESS	7100 S, SHORE DR, S	
CITY-ST-ZIP	S. PASADENA FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, GEORGE MRS	
STREET ADDRESS	7981 10TH AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUPPEL, MRS CLARENCE	
STREET ADDRESS	13300 INDIAN RKS RD	
CITY-ST-ZIP	LARGO FL 34644	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MRS. ROBERT S.J.	
STREET ADDRESS	1764 65th St. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
TITLE	1ST V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUCKER, PAT	
STREET ADDRESS	5501 80th St. N. #416	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	2ND V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, MRS. R.T.	
STREET ADDRESS	7932 SAILBOAT KEY BLVD. S. #108	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33707	
TITLE	BOAT SECT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALD, MRS. GEORGE	
STREET ADDRESS	450 TREASURE IS. Cswy #507	
CITY-ST-ZIP	TREASURE IS., FL. 33706	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUGER, M.J.	
STREET ADDRESS	500 TREASURE IS. Cswy #704	
CITY-ST-ZIP	TREASURE IS., FL. 33706	
TITLE	ASST. TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, MRS. GERARD	
STREET ADDRESS	7995 Bogie Ave. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	

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:

Patricia Jane Kruger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

DATE

727-367-7656

DAYTIME PHONE #