

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 025 ****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 (10/05)

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

JACKSON, ROBERT S J
1764 65TH ST N
SAINT PETERSBURG, FL 33710

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE 1VP ☐ Delete
NAME DRUCKER, PAT *MRS.*
STREET ADDRESS 5501 80TH ST N, # 416
CITY-ST-ZIP SAINT PETERSBURG FL 33709

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

TITLE 2VP ☐ Delete
NAME WAGNER, R T *MRS.*
STREET ADDRESS 7932 SAILBOAT KEY BLVD S, # 106
CITY-ST-ZIP SAINT PETERSBURG FL 33707

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

TITLE CS ☐ Delete
NAME MEALD, GEORGE *MRS.*
STREET ADDRESS 450 TREASURE IS CSWY, # 507
CITY-ST-ZIP TREASURE ISLAND FL 33706

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

TITLE T *KRUGER* ☐ Delete
NAME KRUGER, M J *MRS.*
STREET ADDRESS 500 TREASURE IS CSWY, # 704
CITY-ST-ZIP TREASURE ISLAND FL 33706

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

TITLE A *O'BRIEN* ☐ Delete
NAME O'BRIAN, GERARD *MRS.*
STREET ADDRESS 7995 BOGIE AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33710

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *MARY JANE KRUGER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/06

Date

727-367-7656

Daytime Phone #