

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90011 034 \*\*\*\*61.25

**DOCUMENT # N28978**  
 1. Entity 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 - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

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

**7. Name and Address of New Registered Agent**  
 Name **PRESIDENT - PASADENA Women's CLUB**  
 Street Address (P.O. Box Number is Not Acceptable) **1 SUNSET DRIVE, S.**  
 City **St. Petersburg** FL Zip Code **33707**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, ROBERT S J 1764 65TH ST N SAINT PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DRUCKER, PAT 5501 80TH ST N, # 416 SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WAGNER, R T 7932 SAILBOAT KEY BLVD S, # 106 SAINT PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUGER, M.J. MRS 500 TREASURE IS CSWY, # 704 TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT O'BRIEN, GERARD MRS 7995 BOGIE AVE N SAINT PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRUCKER, PAT 5501 80TH ST. N. #416 ST. PETERSBURG, FL. 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP KRUGER, M.J. 500 TREASURE IS CSWY #704 TREASURE IS., FL. 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP LEVENGOOD, P. 901 COUNTRY CLUB RD. N. #409 ST. PETERSBURG, FL. 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, M. 7995 BOGIE AVE. N. ST. PETERSBURG, FL. 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M.J. Kruger M.J. Kruger 4/24/07 367-7656  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #