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

Mar 23, 2004 8:00 am DOCUMENT # N35326 **Secretary of State** 1. Entity Name 03-23-2004 90014 021 ****61.25 UMATILLA WOMAN'S CLUB, INC. Principal Place of Business Mailing Address COMMUNITY CENTER 2 CENTER ST. UMATILLA FL 32784 P.O. BOX 1772 CHUMIUUU UMATILLA FL 32784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-1895424 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLINE, LYNN Street Address (P.O. Box Number is Not Acceptable) 1040 ELK COURT N WINTER SPRINGS FL 32708 City 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DRE51 DENT Delete 🔀 Change TITLE TITLE mary Day Away Lane CLINE, LYNN **N**AME NAME 1040 ELK COURT N STREET ADDRESS STREET ADDRESS umatilla FL 32784 WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP VD **▼** Addition ☐ Change TITLE TITLE ☐ Delete DOYLE, SHIRLEY MY BRINSON AVE NAME NAME 10001 ORANGE AVE STREET ADDRESS STREET ADDRESS FL 32784 UMATILLA FL 32784 Umatilla CITY-ST-ZIP CITY-ST-ZIP PRES. Elect Liz-Moses Addition Delete TITLE Change TITLE MCCALL:JOYCE --NAME 20211 Wiggul At. NAME 592 CRESCENT ST STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-ZIP Change Addition TETLE Defete TITLE EMERSON, GERALDINE NAME PO BOX 1330 STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-ZIP TREASURER Change ☐ Addition Delete TITLE TITLE DAY, MARY Delight Belgard NAME NAME 18144 TUCK AWAY LANE 21129' Wiyaul Rd. STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Defete RIGDON, JOANNE NAME NAME 17539 SE 260TH AVE RD STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-7/P 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 eath; 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

with all other like empowered.

changed, or on an attacl

SIGNATURE:

FILED