


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

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 037 ****61.25


DOCUMENT # N35624 1. Entity Name THE WOMAN'S CLUB OF EUSTIS, INC.	
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Principal Place of Business 227 N CENTER ST EUSTIS FL 32726 US	Mailing Address P O BOX 572 EUSTIS FL 32727 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2982137	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIEGEL, LONA 2730 TREMONT DR. EUSTIS FL 32726	7. Name and Address of New Registered Agent Name SANDRA BEATTY Street Address (P.O. Box Number is Not Acceptable) 36707 ANTONE DR. City GRAND ISLAND FL Zip Code 32735
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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 *Sandra Beatty* DATE 2-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: RAYBOCK, SARA JANE STREET ADDRESS: 87 LIVE OAK DRIVE CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: SIEGEL, LONA STREET ADDRESS: 2730 TREMONT DR CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: CLEVELAND, KATHY STREET ADDRESS: 2639 LAKE LANDING BLVD CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE: RSD NAME: BEATTY, SANDRA STREET ADDRESS: 36707 ANTONE DR. CITY-ST-ZIP: GRAND ISLAND FL 32735	<input checked="" type="checkbox"/> Delete
TITLE: CS NAME: TIMMONS, JEANNE STREET ADDRESS: 40 COVEWOOD CIRCLE CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: CONWAY, JEAN STREET ADDRESS: 12310 S PUTNEY CT CITY-ST-ZIP: LEESBURG FL 34788	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: LONA SIEGEL STREET ADDRESS: 2730 TREMONT DR CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SANDRA BEATTY STREET ADDRESS: 36707 ANTONE DR CITY-ST-ZIP: GRAND ISLAND FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAD NAME: BARBARA COATS STREET ADDRESS: 2719 BACON ST CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RSD NAME: SHERRILL TESSIER STREET ADDRESS: 618 PARK ST CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CSD NAME: ROSEMARIE CENTOLA STREET ADDRESS: 535 HIGHLAND DR CITY-ST-ZIP: EUSTIS FL 32726	<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 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: *Sandra Beatty* DATE: 2-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR