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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR 14 AM 9:19

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N36791** (4)  
 1. Corporation Name  
**LEMON BAY WOMAN'S CLUB, INC.**

Principal Place of Business Mailing Address

**1/ ROBERT A DICKINSON ESO**  
**480 S INDIANA AVE**  
**ENGLEWOOD FL 34223**

**1/ ROBERT A DICKINSON ESO**  
**480 S INDIANA AVE**  
**ENGLEWOOD FL 34223**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1990** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-6154011** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

~~DICKINSON, ROBERT A.~~ **DICKINSON, ROBERT A.**  
**480 S INDIANA AVE**  
**ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE PD  
 NAME SHELDON, VIVAN  
 STREET ADDRESS 85 CADDY RD  
 CITY - ST - ZIP ROTONDA WEST FL

TITLE VD  
 NAME POWELL, TERRI  
 STREET ADDRESS 1847 WHISPERING PINES CL  
 CITY - ST - ZIP ENGLEWOOD FL

TITLE S  
 NAME HOUSLEY, GLADYS  
 STREET ADDRESS 1833 GEORGIA AVE  
 CITY - ST - ZIP EGLEWOOD FL

TITLE T  
 NAME PFLEGER, EMMA  
 STREET ADDRESS 2154 OYSTER CREEK DR  
 CITY - ST - ZIP ENGLEWOOD FL

TITLE D  
 NAME FOREMAN, MARGARET  
 STREET ADDRESS 7241 BARGELO ST  
 CITY - ST - ZIP ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME **S**

3.3 STREET ADDRESS **APPLEMAN, BETTY**  
**1491 Maryknoll Rd.**  
**Englewood, FL 34223**

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME **D**

4.3 STREET ADDRESS **PFLEGER, EMMA**  
**2154 Oyster Creek Drive**  
**Englewood, FL**

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME **T**

5.3 STREET ADDRESS **GILLESPIE, MARIAN**  
**7308 SPINAKER BLVD.**  
**ENGLEWOOD, FL 34224**

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emma Pfleger **44075 (813) 474-9762**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date