


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90044 017 \*\*\*\*61.25

<b>DOCUMENT # N36791</b>			
1. Entity Name <b>LEMON BAY WOMAN'S CLUB, INC.</b>			
Principal Place of Business <b>CORNER COCONUT &amp; MAPLE ST ENGLEWOOD, FL 34295 US</b>		Mailing Address <b>PO BOX 512 ENGLEWOOD, FL 34224 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-6154011</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DICKERSON, ROBERT A. 460 S INDIANA AVE ENGLEWOOD, FL 34223</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	2TVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, DORIS	NAME	
STREET ADDRESS	7281 BARGELLO ST	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUSEY, EUNICE	NAME	<b>MARY CROCKER</b>
STREET ADDRESS	1849 WHISPORLOR PINES CIRCLE	STREET ADDRESS	<b>13 JAMESTOWN AVE.</b>
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>
TITLE	RSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINATALE, MERIDITH	NAME	
STREET ADDRESS	237 PARK FOREST BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, VIRGINIA	NAME	<b>GLORIA FENOLIO</b>
STREET ADDRESS	25 PERIMETER DR	STREET ADDRESS	<b>413 PINE HOLLOW CIR.</b>
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>
TITLE	1VPD <input type="checkbox"/> Delete	TITLE 1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, MARY	NAME	<b>LYNN FOECKING</b>
STREET ADDRESS	13 JAMESTOWN AVE	STREET ADDRESS	<b>238 MARINER LANE</b>
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	TFS <input type="checkbox"/> Delete	TITLE TFS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CLAIRE	NAME	<b>MARY ELLEN MCLEOD</b>
STREET ADDRESS	7324 BEARDSLEY ST	STREET ADDRESS	<b>6796 GASPARRILLA PINES #80</b>
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>
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: <u>Virginia McLeod</u> <b>VIRGINIA MCLEOD</b>		Date: <u>3-15-04</u> Daytime Phone #: <u>941-475-4224</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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