

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49555

1. Entity Name

WOMAN'S CLUB OF TITUSVILLE, INC.

Principal Place of Business

NORTH BREVARD SENIOR CENTER  
909 LANE AVE  
TITUSVILLE FL 32780  
US

Mailing Address

P.O. BOX 1495  
TITUSVILLE FL 32781-1495  
US

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

59-1718442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGE, ANN  
3547 MUIR FIELD DR  
TITUSVILLE FL 32780

Name

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

City

FL

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.

SIGNATURE

*Ann C Hodge*

1-19-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EWING, MARY	
STREET ADDRESS	1861 FRIARS CT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGE, ANN	
STREET ADDRESS	3547 MURFIELD DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JANSEN, BERNICE	
STREET ADDRESS	1511 BELL TERRACE	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, LORETTA	
STREET ADDRESS	4490 KEATS AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSH, BEVERLY	
STREET ADDRESS	2175 TURPENTINE RD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, Pauline	
STREET ADDRESS	1109 SINGLETON AVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Ann C Hodge*

1-19-2000 (321) 267-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)