

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

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90054 035 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N50493</b>                                                                                                                                                                                                      |                                                                                                                    |                                                                                     |                                                                                                                                                      |  |  |
| 1. Entity Name<br><b>BONITA SPRINGS WOMAN'S CLUB, INC.</b>                                                                                                                                                                    |                                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>10540 CHILDERS AVE.<br/>BONITA SPRINGS FL 34133<br/>US</b>                                                                                                                                  |                                                                                                                    |                                                                                     | Mailing Address<br><b>POST OFFICE BOX 443<br/>BONITA SPRINGS FL 34133<br/>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<br><b>59-6134517</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                                    |                                                                                     |                                                                                                                                                      | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>BRUGGER, CAROL R<br/>3525 BONITA BEACH RD.<br/>SUITE 103<br/>BONITA SPRINGS FL 34134</b>                                                                                |                                                                                                                    |                                                                                     |                                                                                                                                                      | 7. Name and Address of New Registered Agent                                       |  |
| Name                                                                                                                                                                                                                          |                                                                                                                    |                                                                                     |                                                                                                                                                      | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                              |                                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                        |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | PD<br>NORTH, MARJORIE<br>26930 WEDGEWOOD DR<br>BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | PD<br>Barbara Malloch<br>23651 Peerlane<br>Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | D<br>BRIGGS, DORIS<br>28881 BERMUDA LAGO CT.<br>BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | D<br>Dorcasie North<br>26930 Wedgewood Dr<br>Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | TD<br>MAZZUCCO, BLANCHE<br>27081 HARBOR DRIVE<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | SD<br>BOLES, GLADYS<br>27670 SUFFRIDGE DR<br>BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | SD<br>Doris Briggs<br>28881 Bermuda Lago Ct<br>Bonita Springs FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | VD<br>MALLOCH, BARBARA<br>23651 PEERLANE<br>BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | VD<br>Jean Mc Knight<br>27651 Hacienda Blvd.<br>Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | VD<br>JOHNSON, NOREEN<br>25441 CARNEY CIR.<br>BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |                                                                                   |  |

**50014366**



1st MOORE CR2E037 (10/04)

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:** Blanche Mazzucco Blanche Mazzucco 2-8-05 (239) 992-0332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #