

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 021 ****61.25

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1. Entity Name

MIAMI SPRINGS WOMAN'S CLUB, INC.



Principal Place of Business

200 WESTWARD DR.
 MIAMI SPRINGS FL 33166
 US

Mailing Address

P.O. BOX 396
 MIAMI SPRINGS FL 33266
 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

23-7326302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MCCARTHY, JANA
 140 NAVAJO ST
 MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME JESTER, ANGELINE Delete
 STREET ADDRESS 829 LAKE DRIVE
 CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE TD
 NAME FLOYD, LOIS Delete
 STREET ADDRESS 1095 DOVE AVE
 CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE SD
 NAME PRIESS, IRENE Delete
 STREET ADDRESS 449 SWALLOW DRIVE
 CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Jester, ANGELINE Change Addition
 NAME
 STREET ADDRESS 829 LAKE DRIVE
 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MARTIN, JANET Change Addition
 NAME
 STREET ADDRESS 1440 LABARON DR.
 CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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: Lois Floyd LOIS FLOYD, Treasurer 2/6/04 305-888-8844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #