

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90155 038 ****61.25

DOCUMENT # N93000001348

1. Entity Name

HOBE SOUND WOMEN'S CLUB, INC.



Principal Place of Business

**8044 SE CARLTON
HOBE SOUND FL
US**

Mailing Address

**P O BOX 8042
HOBE SOUND FL 33475
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound Fl.

City & State

4. FEI Number **65-0353439**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSEN, MARY
9291 SE DUNCAN ST.
HOBE SOUND FL 33455**

Name

MILLER, Lee

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

8389 SE Camellia Dr.

City

Hobe Sound

FL

Zip Code

33455

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDTD** ☒ Delete
NAME **JOHNSEN, MARY**
STREET ADDRESS **9291 SE DUNCAN**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **President** ☐ Change ☐ Addition
NAME **Bette Evans**
STREET ADDRESS **8571 SE Soundings Place**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE **SD** ☒ Delete
NAME **HOUSER, KATRINA**
STREET ADDRESS **8338 SE COCONUT STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **1st. V. Pres.** ☐ Change ☐ Addition
NAME **LAURA MASON**
STREET ADDRESS **9306 SE Venus St.**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE **PD** ☐ Delete
NAME **EVANS, BETTE**
STREET ADDRESS **8571 SE. SOUNDINGS PL.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **2nd V. Pres.** ☐ Change ☐ Addition
NAME **Mary Stone Metz**
STREET ADDRESS **9444 SE Kingsley St**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE **POPV** ☐ Delete
NAME **MILLER, LEE**
STREET ADDRESS **9015 SE HOBE RIDGE AVE.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **SD Sec.** ☐ Change ☐ Addition
NAME **Lynn Lutes**
STREET ADDRESS **8374 SE Wood Crest place**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE **SD** ☒ Delete
NAME **WERNER, LINDA**
STREET ADDRESS **8936 BAHAMA CIRCLE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **POPV** ☐ Change ☐ Addition
NAME **Lee Miller**
STREET ADDRESS **8389 SE Camellia Drive**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature Required Lee Miller 3/6/03

**172-
283-3602**

CR2E037 (10/02)