

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90105 013 \*\*\*\*61.25

<b>DOCUMENT # N94000001425</b>					
<b>1. Entity Name</b> EUSTIS BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.					
<b>Principal Place of Business</b> P.O. BOX 1802 EUSTIS, FL 32727-1802			<b>Mailing Address</b> P.O. BOX 1802 EUSTIS, FL 32727-1802		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232004    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-6139548	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BREWER, SUE 3805 OHIO AVE MOUNT DORA, FL 32757			Name <u>Cynthia Royce</u> Street Address (P.O. Box Number is Not Acceptable) <u>2930 Westgate Drive</u> City <u>Eustis</u> <b>FL</b> Zip Code <u>32726</u>		
<b>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.</b>					
SIGNATURE <u>Cynthia Royce</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/12/04</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> SCHWARZ, TAREN <b>STREET ADDRESS</b> 1326 W. NORTH BLVD. SUITE 5 <b>CITY-ST-ZIP</b> LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Sue Brewer <b>STREET ADDRESS</b> 3805 Ohio Av Mount Dora FL 32727 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MILLER, DONNA <b>STREET ADDRESS</b> 9817 FAIRWAY CIRCLE <b>CITY-ST-ZIP</b> LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Tina Russell <b>STREET ADDRESS</b> 2910 Grand Isl Shore Rd Eustis FL 32726 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> MILAZZO, BARBARA <b>STREET ADDRESS</b> 30034 TAVARES RIDGE RD. <b>CITY-ST-ZIP</b> TAVARES, FL 32778	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> TD <b>NAME</b> BREWER, SUE <b>STREET ADDRESS</b> 3805 OHIO AVE. <b>CITY-ST-ZIP</b> MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD (Treasurer) <b>NAME</b> Cynthia Royce <b>STREET ADDRESS</b> 2930 Westgate Dr Eustis FL 32726 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> TEMPLIN, JO FIELDS <b>STREET ADDRESS</b> 22 FOREST LANE <b>CITY-ST-ZIP</b> EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S (Secretary) <b>NAME</b> Sharon Sementa <b>STREET ADDRESS</b> 22 Cypress Dr Eustis FL 32726 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BOCK, KATHLEEN <b>STREET ADDRESS</b> 3141 INDIAN TRAIL <b>CITY-ST-ZIP</b> EUSTIS, FL 32736	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D (Director) <b>NAME</b> Carolyn Richardson <b>STREET ADDRESS</b> 103 Ridgecrest Dr Eustis FL 32726 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
SIGNATURE: <u>Cynthia Royce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/12/04</u> Daytime Phone # <u>352-357-7572</u>		