2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N9500000 illiston woman's clu		04-09-2004 90065 002 ****61.25				
Principal Place of Business 1049 N.E. 6TH BLVD. WILLISTON, FL 32696		Mailing Address P.O. BOX 183 WILLISTON, FL 32696				UIUR	
2 Principal D	lace of Business	2 Mailing Address					
2. Principal Place of Business		3. Mailing Address			AIII SAIII BAII BAII B	:BIII BELBE 11110 BL!SD 11110 BX	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Ch	ıg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEł Number 59-314463	8		oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Add	ress of New Reg		
CASON M	MARION		Name				ž į
CASON, MARION 1021 S.E. 8TH STREET WILLISTON, FL 32696			Street Addr	ress (P.O. Box Number is N	lot Acceptable)		
WILLIOTO	11,12 02000						
						FL Zip Cod	е
the obligat	named entity submits this statement lions of registered agent.	for the purpose of changing its r	registered office or re	gistered agent, or both, in	the State of Florid	da. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature r	required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		DATE ke check payable to la Department of S	
SIGNATURE	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGI	Florid	ke check payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of S	tate
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND E VD SUMMERS, TERRY 13350 NE 60 ST	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE PD SUMMERS TO 3350 NE 6012	Florid ES TO OFFICERS	ke check payable to the payable to t	tate
TIO. THILE NAME CHY-SI-ZIP HILE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND E VD SUMMERS, TERRY 13350 NE 60 ST WILLISTON, FL 32696 SD OLCRO, KAREN 751 NE 131 TERRACE	9. Election Cam Trust Fund Co DIRECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE TO	Florid ES TO OFFICERS TYY ST 2 ba b i.e. nd ST nd ST nd ST	ke check payable to la Department of S S AND DIRECTORS IN Change Change	N 10 🔀 Addition
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TIO. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND E VD SUMMERS, TERRY 13350 NE 60 ST WILLISTON, FL 32696 SD OLCRO, KAREN 751 NE 131 TERRACE WILLISTON, FL 32696 PD ETHERIDGE, NANCY 14471 NE 20 TH ST WILLISTON, FL 32696 SD OTERO, KAREN 751 NE 131 TERRACE	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE SUMMER'S TO 3350 NE LOTE WILLISTON, FL 3 WILLISTON SOWMAN, NA 310 NW 15TS WILLISTON, FL CODINSON, ME COD	Florid ES TO OFFICERS Try Star 2 696 Tre Tre Tre Tre Tre Tre Tre Tr	ke check payable to the Department of S S AND DIRECTORS IN Change Change Change	tate V 10 ✓ Addition ✓ Addition ✓ Addition

12. I hereby certify that the information supplied with this filling 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:	Eliendas	Nancy Etherid	1qe	4-7-04	352-528-2565
	YPED OR PRINTED NAME OF SIGNIN	IG OFFICER OR DIRECTOR	0	Date	Daytime Phone #