

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

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90034 047 \*\*\*\*61.25

**DOCUMENT # N96000006362**

1. Entity Name

**WOMAN'S CLUB OF OLDSMAR, INC.**



Principal Place of Business

**207 EXETER ST  
OLDSMAR FL 34677**

Mailing Address

**P.O. BOX 128  
OLDSMAR FL 34677**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1691385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JORGENSEN, A JEAN  
104 SHORE DR PL  
OLDSMAR FL 34677**

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, 2005**

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 ☐ Delete  
NAME JORGENSEN, A JEAN  
STREET ADDRESS 104 SHORE DR PL  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VD ☐ Delete  
NAME BOHR, JANE  
STREET ADDRESS 505 OAKLEAF BLVD  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T ☐ Delete  
NAME NEELEY, PEGGY J  
STREET ADDRESS 1811 IRONWOOD CT W  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE S ☐ Delete  
NAME FITZGERALD, SHIRLEY  
STREET ADDRESS 15 PINTAIL PL  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*Peggy J. Neeley*

**PEGGY J. NEELEY (TREASURER) 3/10/05 (813) 855-3067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #