

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90003 004 \*\*\*\*61.25

DOCUMENT # N98000005678

1. Entity Name  
WOMEN'S CLUB OF HUNTER'S GREEN, INC.



Principal Place of Business  
9326 HAMPSHIRE PK DR  
TAMPA, FL 33647

Mailing Address  
9326 HAMPSHIRE PK DR  
TAMPA, FL 33647

2. Principal Place of Business  
**9218 Pine Island Ct**

3. Mailing Address  
**9218 Pine Island Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33647**

Country  
**USA**

Zip  
**33647**

Country  
**USA**

02282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3533257**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TODD, FRED R  
9326 HAMPSHIRE PARK DRIVE  
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name  
**Ellen Giglio**

Street Address (P.O. Box Number is Not Acceptable)  
**9218 Pine Island Ct**

City  
**Tampa, FL** Zip Code  
**33647**

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 *Ellen Giglio, President* **Ellen Giglio**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/1/04**  
DATE

**Filing 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	D	<input checked="" type="checkbox"/> Delete
NAME	TODD, FRED R	
STREET ADDRESS	9326 HAMPSHIRE PARK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FULLEN, MARGIE	
STREET ADDRESS	9106 HIGHLAND RIDGE WAY	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DOOP, JUDITH	
STREET ADDRESS	8904 COOPER RIDGE LAND	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEHNER, JANE	
STREET ADDRESS	8787 ASHWORTH DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	BRONNER, FLORENCE	
STREET ADDRESS	9144 HIGHLAND RIDGE WAY	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MCDANIEL, PAM	
STREET ADDRESS	17815 GREY BROOKE DR	
CITY-ST-ZIP	TAMPA, FL 33647	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Giglio	
STREET ADDRESS	9218 Pine Island Ct	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Pitts	
STREET ADDRESS	8920 Magnolia Chase Cir	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Ouellette	
STREET ADDRESS	9327 Hampshire Park Dr	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Brickley	
STREET ADDRESS	18018 Avalon Ln	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Bever	
STREET ADDRESS	8781 Ashworth Dr	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Becky F. Bever* **Becky F. Bever**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 Mar 04**  
Date

**8139070215**  
Daytime Phone #