FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 23 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **707351** **(3)**

1. Corporation Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
770 POINSETTA DRIVE P.O. BOX 3722-62 SATELLITE BCH FL 32937-9262	770 POINSETTA DRIVE P.O. BOX 3722-62 SATELLITE BCH FL 32937-9262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1964**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1710747** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

HOBGOOD, DIANE
770 POINSETTA DRIVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	GARNETT, AUDREY	1.2 NAME		
STREET ADDRESS	675 BARCELONA CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ZOLNER, KATHY	2.2 NAME		
STREET ADDRESS	1370 SUNRISE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☒ Change ☐ Addition
NAME	DAWISON, BETH	3.2 NAME	DAVISON, BETH	
STREET ADDRESS	443 BRIDGETOWN CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	BRUGMAN, MARGARET	4.2 NAME		
STREET ADDRESS	210 SHERWOOD AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	HOBGOOD, DIANE	5.2 NAME		
STREET ADDRESS	770 POINSETTA DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	KIFFER, JANAN	6.2 NAME		
STREET ADDRESS	455 PT ROYAL BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Zolner 4/21/95 407-777-8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen Zolner

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