| 1. Entity Nam                                     | MENT # 711645<br>NIOR WOMAN'S CLUB OF L                                       | .akeland, florida,  | IN                    |  |                                  | A  | o4-23-2001 901                         | y of S                                 | tate                          |  |
|---|---|---|-----------------------|--|----------------------------------|--|--|--|-------------------------------|--|
| Principal Place                                   | e of Business   | Mailing Address   |                       |  |                                  |  |  |  |                               |  |
| 1515 WILLIAM<br>P.O. BOX 260<br>LAKELAND FL<br>US | iburg sq<br>14  | P.O. BOX 2604<br>P.O. BOX 2604<br>LAKELAND FL 33306-604<br>US |                       |  |                                  |  |  |  |                               |  |
| 2. Principal Place of Business                    |   | 3. Mailing Address  |                       |  |                                  |  |  |  |                               |  |
| Suite, Apt. #, etc.                               |   | Suite, Apt. #, etc.   |                       |  |                                  | DO NOT WRITE IN THIS SPACE                                     |  |  |                               |  |
| City & State                                      |   | City & State  |                       |  | 4.                               | FEI Number   | 59-6544760                             |  | Applied For<br>Not Applicable |  |
| Zip Country                                       |   | Zip Country   |                       |  | 5.                               | 5. Certificate of Status Desired S8.75 Additional Fee Required |  |  |                               |  |
|   | 6. Name and Address of Current  | Registered Agent  |                       |  | 7.                               | Name and A   | Address of New Registe                 | red Agent                              |                               |  |
|   |   |   | , =                   | Name   |                                  | <del></del>  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ــــــــــــــــــــــــــــــــــــــ | -                             |  |
| JACOBS AND VALENTINE<br>1102 S. FLA. AVE.         |   |   |                       | Street Address (P.O. Box Number is Not Acceptable) |                                  |  |  |  |                               |  |
|   | D FL 33803  | City  |                       |  |                                  | FL Zip Code  |  |  |                               |  |
| SIGNATURE .                                       | Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 | 9. Election Campaigr Trust Fund Contrib                       | n Financii            |  | \$5.00 M<br>Added to F           | lay Be   | Make Che                               | eck Payable<br>nent of State           |                               |  |
| 10.   | OFFICERS AND DI   | BECTORS .   | 11.                   |  | ADD                              | ITIONS/CHA   | NGES TO OFFICERS AN                    | ID DIRECTORS                           | IN 10                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | TVP ALAMER, PAULA 6740 ENGLELAKE DR LAKELAND FL 33913                         | ₩ Delete  | TITLE<br>NAMI<br>STRE | E<br>Et adoress<br>- St-Zip                        | 0'thiggin<br>17365               | nijlbro  | ock Oaks Driv<br>33813                 | ☐ Chang                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | S<br>WRIGHT, JOY<br>3452 CHRISTMA GR<br>LAKELAND FL-33913                     | ₩ Delete  |                       |  | S<br>Smith,<br>3504 I<br>Lalek   | Caroly<br>Valley<br>nd. FL                                     | Trail<br>33810                         | ☐ Chang                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | P<br>HANCOCK, LEIGH<br>3764 OPAL DR<br>MULBERRY FL                            | <b>☑</b> Delete   |                       | ļ  | P<br>Gardne<br>420 Fo<br>Lakelar | ancis T  | :<br>Blud.<br>33801                    | <b>☑</b> Chang                         |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | VP<br>LEPERE, MARTI<br>2802 CAMBRIDGE AVENUE<br>LAKELAND FL                   | L <b>Y</b> Delete   |                       |  | Hallier<br>2110 R                | r, months  | 10<br>Arrow Tr., N.<br>L 33813         | ☐ Chang                                | e 🖬 Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | T WARREN, SUE 907 POINT WY LAKELAND FL 33913                                  | <b>I</b> Delete   |                       |  | Treasul<br>Lisa_W<br>1639:50     | n. 61 ff 61<br>eneca Av  | rd                                     | Chang                                  | ge                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | DP<br>GARDNER, DEE<br>420 FRANCIS BLVD<br>LAKELAND FL                         | Delete  |                       |  | D<br>South                       | les  | lie<br>reen Dr.W.<br>2 33811           | ☐ Chang                                | ge 🖪 Addition                 |  |
| 12. I hereby                                      | certify that the information supplied wit                                     | h this filing does not qualify fo                             | r the exe             | mption sta   | ited in Section                  | n 119.07(3)(i)   | , Florida Statutes. I furthe           | er certify that th                     | e 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:

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