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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:03

DOCUMENT # 711852 (4)

1. Corporation Name

THE WOMAN'S CLUB OF WINTER PARK, INC.

Principal Place of Business	Mailing Address
419 S INTERLACHEN WINTER PARK FL 32789 US	PO BOX 1433 WINTER PARK FL 32790 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/29/1966	03/21/1994
4. FEI Number	Applied For
59-0951590	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 <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

WALKER, WILLIAM A., II
250 PARK AVENUE S.
WINTER PARK FL 32789

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 reconstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIARD, BARBARA
STREET ADDRESS	119 HOLLIE COURT
CITY-ST-ZIP	MAITLAND FL
TITLE	VD
NAME	OBRIEN, ELIZABETH
STREET ADDRESS	500 OSCEOLA AVE. #411
CITY-ST-ZIP	WINTER PARK FL
TITLE	VD
NAME	HARLOW, JACQUELINE
STREET ADDRESS	2428 GRAND TETON CIRCLE
CITY-ST-ZIP	WINTER PARK FL
TITLE	S
NAME	BRITTON, ALICE
STREET ADDRESS	421 CORTLAND AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD
NAME	SECRET, BLOSSOM
STREET ADDRESS	200 CAROLINE AVE #405A
CITY-ST-ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUFF, MILDRED	
2.3 STREET ADDRESS	1329 MEDINA CT.	
2.4 CITY-ST-ZIP	WINTER PARK FL.	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JONES, RUBY	
3.3 STREET ADDRESS	102 S. INTERLACHEN #407	
3.4 CITY-ST-ZIP	WINTER PARK, FL.	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUBBELL, PHYLLIS	
4.3 STREET ADDRESS	257 E CANTON	
4.4 CITY-ST-ZIP	WINTER PARK, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Blossom A. Secrist BLOSSOM A. SECRIST 2/3/95 (401)647-7486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Name)
TREAS.