

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711852 (4)

1. Corporation Name
THE WOMAN'S CLUB OF WINTER PARK, INC.



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

3. Date Incorporated or Qualified: 11/29/1966
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-0951590
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIARD, BARBARA	
STREET ADDRESS	119 HOLLIE COURT	
CITY - ST - ZIP	MAITLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUFF, MILDRED	
STREET ADDRESS	1329 MEDINA CT	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RUBY	
STREET ADDRESS	102 S INTERLACHEN #407	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUBBELL, PHYLLIS	
STREET ADDRESS	257 E. CANTON	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SECRIST, BLOSSOM	
STREET ADDRESS	200 CAROLINE AVE #405A	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bliss, Ruth	
1.3 STREET ADDRESS	2430 whitehall Cr.	
1.4 CITY - ST - ZIP	Winter Park, Fl. 32792	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secrist, Blossom	
2.3 STREET ADDRESS	200 Caroline Ave #405A	
2.4 CITY - ST - ZIP	Winter Park, Fl. 32789	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ruff, Mildred	
3.3 STREET ADDRESS	1329 Medina Ct.	
3.4 CITY - ST - ZIP	Winter Park, Fl. 32792	
4.1 TITLE	S	<input 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. 32789	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mills, Frances H.	
5.3 STREET ADDRESS	101 Krider Rd.	
5.4 CITY - ST - ZIP	Sanford, Fl. 32773	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances H. Mills Date: 1/31/96 Daytime Phone #: 407/646-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Frances H. Mills Treasurer

CR2E037 (12/95)