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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
419 S INTERLACHEN WINTER PARK FL 32789 US  
PO BOX 1433 WINTER PARK FL 32780-1433 US

3. Date Incorporated or Qualified 11/29/1966  
3a. Date of Last Report 02/05/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-0951590	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	BLISS, RUTH	1.2 NAME	Williard, Barbara
STREET ADDRESS	WINTER PARK FL	1.3 STREET ADDRESS	100 S. Interlachen # 501
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VD	2.1 TITLE	VD
NAME	SECRETIST, BLOSSOM	2.2 NAME	MAGEE, MOLLY
STREET ADDRESS		2.3 STREET ADDRESS	4764 Shorecrest Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL
TITLE	VD	3.1 TITLE	VD
NAME	RUFF, MIDGE	3.2 NAME	BAKER, SALLY
STREET ADDRESS	WINTER PARK FL	3.3 STREET ADDRESS	1718 Demetree Dr.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	S	4.1 TITLE	S
NAME	HUEBELL, PHYLLIS	4.2 NAME	MILLER, HELEN
STREET ADDRESS	257 E Canton	4.3 STREET ADDRESS	624 Worthington Dr.
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	TD	5.1 TITLE	
NAME	MILLS, FRANCES H	5.2 NAME	
STREET ADDRESS	101 KRIDER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* Date: 4/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 0018308

CR2E037 (9/96)