

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90132 008 \*\*\*\*61.25

**DOCUMENT # 711852**

1. Entity 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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0951590**      Applied For  
Not Applicable

6. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAGEE, MOLLY</b>	<b>D</b>
STREET ADDRESS	<b>1281 SERENA DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCONNELL, DEBORAH</b>	
STREET ADDRESS	<b>1319 NEW YORK AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUBBELL, PHYLLIS</b>	
STREET ADDRESS	<b>257 E CANTON AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHEPARDSON, MARILYN</b>	
STREET ADDRESS	<b>1717 GOLFSIDE DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS, FRANCES H</b>	<b>D</b>
STREET ADDRESS	<b>101 KRIDER RD</b>	
CITY-ST-ZIP	<b>SANFORD FL -</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>mona Thomas</b>	<b>D</b>
STREET ADDRESS	<b>625 Berwick Drive</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	
TITLE	<b>2nd Vice Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shepardson, Marilyn</b>	<b>D</b>
STREET ADDRESS	<b>1717 Golfside Dr</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	
TITLE	<b>Recording Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joan Russell</b>	<b>D</b>
STREET ADDRESS	<b>1790 Windsor Drive</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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: SIGNATURE TELEPHONE Treasurer      1/6/02      407/246-6032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)