09231999-90010-011-$61.25-$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

619367 - 90010 - 11

DOCUMENT # 743526 (6)

1. Corporation Name

CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB , INC.

Principal Place of Business	Mailing Address
~~516 RIDGEVIEW CIRCLE~~ 617 W. Haiti P. O. BOX 791 CLEWISTON FL 33440 US	P O BOX 791 CLEWISTON FL 33440-0791 US

9/23/99 90010 011 $61.25

3. Date Incorporated or Qualified	3a. Date of Last Report
07/11/1978	06/21/1996 97

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

4. FEI Number: 59-1849406 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PINTO, ROSE MARY
617 W HAITI
CLEWISTON FL 33440

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 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 ~~Rose Mary Pinto~~ Linda Weiland-Dear 9-16-99

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHOBIN, NITA		1.2 NAME	Linda Weiland	
STREET ADDRESS	204 SAN GABRIEL		1.3 STREET ADDRESS	611 Ridgeview Circle	
CITY-ST-ZIP	CLEWISTON, FL 0		1.4 CITY-ST-ZIP	Clewiston, Fla. 33440	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JAMES, JUANITA		2.2 NAME	Laura Perry	
STREET ADDRESS	1200 CAROLINA AVE		2.3 STREET ADDRESS	P.O. Box 145	
CITY-ST-ZIP	CLEWISTON, FL 0		2.4 CITY-ST-ZIP	Clewiston, Fla. 33440	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	FOUNTAIN, ROBIN		3.2 NAME	Robin Fountain	
STREET ADDRESS	RT 1 BOX 82		3.3 STREET ADDRESS	RT. 1 Box 82	
CITY-ST-ZIP	CLEWISTON FL		3.4 CITY-ST-ZIP	Clewiston, Fla. 33440	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	PINTO, ROSE-MARY		4.2 NAME	Rose-Mary Pinto	
STREET ADDRESS	617 W HAITI		4.3 STREET ADDRESS	617 W. Haiti	
CITY-ST-ZIP	CLEWISTON, FL 0		4.4 CITY-ST-ZIP	Clewiston, Fla. 33440	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	WEILAND, LINDA		5.2 NAME	Kathleen Horn	
STREET ADDRESS	611 RIDGEVIEW CIRCLE		5.3 STREET ADDRESS	P.O. Box 932	
CITY-ST-ZIP	CLEWISTON, FL 0		5.4 CITY-ST-ZIP	Clewiston, Fla. 33440	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.

KB

Linda Weiland 9/16/99