

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 # **N17632**

(3)

1. Corporation Name

CITRUS HILLS WOMEN'S CLUB, INC.



Principal Place of Business

P. O. BOX 1494
HERNANDO FL 34442
US

Mailing Address

P. O. BOX 1494
HERNANDO FL 34442
US

3. Date Incorporated or Qualified
11/03/1986

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-2952634

☒ 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

**NASH, JUNE
796 E. IRELAND CT.
HERNANDO FL 34442**

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

Clara L. Hamlin

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **NASH, JUNE**
STREET ADDRESS **796 E. IRELAND CT.**
CITY-ST-ZIP **HERNANDO FL**

TITLE **VD** ☐ DELETE
NAME **CUMMINS, JUDY**
STREET ADDRESS **745 E. JENKINS CT**
CITY-ST-ZIP **HERNANDO FL**

TITLE **TD** ☒ DELETE
NAME **KOBIS, EVA K O**
STREET ADDRESS **781 W. PEARSON ST.**
CITY-ST-ZIP **HERNANDO FL**

TITLE **SD** ☐ DELETE
NAME **BROWN, SANDY**
STREET ADDRESS **160 GRANDVIEW ST.**
CITY-ST-ZIP **HERNANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **HAMLIN, CLARA L.**
3.3 STREET ADDRESS **684 E. KELLER CT.**
3.4 CITY-ST-ZIP **HERANDO, FL 34442**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Clara L. Hamlin - Treasurer

2/16/96

352-527-1845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)