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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: _

DOCUMENT # N17632

(3)

Corporation	HILLS WOMEN'S CLUB,							
rincipal Place		Mailing Address P. O .BOX 1494						
P. O .BOX 1494 HERNANDO FL 34442		HERNANDO FL 34442						
JS		US			3. Date Incorporated or Qualifi	ed 3a. [Date of Last F	Report
					11/03/1986		03/08/19	95
Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	 	XA	oplied For
		26			59-2952634			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
00 00 1		27 City & State			C. Flackar Communica Financia			
City & State		City & State			 Election Campaign Financin Trust Fund Contribution 	9 🗆	.,) May Be I to Fees
Zip	Country	Zip	Countr	v	8. This corporation has liability	for intangible		
2.0	25	29	30	•	Florida Statutes	☐ Yes [□ No	
	9. Name and Address of Cure				10. Name and Address of No	w Registere	d Agent	
			81	Name				
NASH, JU	JNE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
796 E. IRELAND CT. HERNANDO FL 34442								
			83	3				
			84	City	***************************************		. 85 Zip	Code
				'		F		1 1
				• •			changing its re	agistered olik
1. Pursuant t	o the provisions of Sections 617.05	502 and 617.1508, Florida Statul	tes, the above	-named corp	oration submits this statement for the eard of directors. I hereby accept the	appointment a	as registered	agent, I am
 Pursuant t or register familiar wit 	o the provisions of Sections 617.05 ed agent, or both, in the State of FI h, and accept the obligations of S	502 and 617.1508, Florida Statut Iorida. Such change was authori Jection 61 7 .0503, Florida Statute	tes, the above- red by the corps.	-named corp poration's bo	oration submits this statement for the vard of directors. I hereby accept the	appointment	as registered	agent. I am
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Class S. Hamlin - Insansu 3/14/96 352-527-1845

SHATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DOME

DOME