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FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002759 (5)**

1. Corporation Name

**THE WOMAN'S CLUB OF STARKE, INC.**

Principal Place of Business

Mailing Address

**201 N WALNUT ST  
STARKE FL 32091**

**201 N WALNUT ST  
STARKE FL 32091**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**2a** **P.O. Box 951**

**22** City & State

**27** **Box 951**  
**28** **STARKE, FLORIDA**

**23** Zip

**25** Country

**29** **32091**

**30** **BRADFORD**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/12/1997**

4. FEI Number

**59-3505724**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**12** TITLE **D** **STEPHENS, CLARICE** ☒ DELETE

**NAME** **742 N LAKE ST**

**STREET ADDRESS** **STARKE FL 32091**

**CITY - ST - ZIP**

**13** TITLE **D** **HARDY, HAZEL** ☒ DELETE

**NAME** **1218 E CALL ST**

**STREET ADDRESS** **STARKE FL 32091**

**CITY - ST - ZIP**

**14** TITLE **D** **ROWE, JO ANN** ☐ DELETE

**NAME** **163RD SW**

**STREET ADDRESS** **STARKE FL 32091**

**CITY - ST - ZIP**

**15** TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**16** TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**17** TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **P: D** ☒ Change ☐ Addition

**1.2** NAME **JO ANN ROWE**

**1.3** STREET ADDRESS **163 RD S.W.**

**1.4** CITY - ST - ZIP **STARKE, FL 32091**

**2.1** TITLE **V: D** ☐ Change ☒ Addition

**2.2** NAME **PHYLLIS M. ROSIER**

**2.3** STREET ADDRESS **100 W CALL ST**

**2.4** CITY - ST - ZIP **STARKE, FL 32091**

**3.1** TITLE **T: D** ☐ Change ☒ Addition

**3.2** NAME **JACQUELYN TOTURA**

**3.3** STREET ADDRESS **RR 6 BOX 1448 - 12695 US 301 S.**

**3.4** CITY - ST - ZIP **STARKE, FL 32091**

**4.1** TITLE **DEV** ☐ Change ☒ Addition

**4.2** NAME **DELLA ROSENBERG**

**4.3** STREET ADDRESS **6283 KINGSLEY LAKE DRIVE**

**4.4** CITY - ST - ZIP **STARKE, FL 32091**

**5.1** TITLE **V: D** ☐ Change ☒ Addition

**5.2** NAME **ANN DOBIALA**

**5.3** STREET ADDRESS **505 LEGION TERR.**

**5.4** CITY - ST - ZIP **STARKE, FL 32091**

**6.1** TITLE **V: D** ☐ Change ☒ Addition

**6.2** NAME **EDDELL PARRISH**

**6.3** STREET ADDRESS **485 SE 31 WAY**

**6.4** CITY - ST - ZIP **MELROSE, FL 32666**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **JO ANN ROWE, PRESIDENT & DIRECTOR**  
**4/21/98**

CR2E037 (10/97)