

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 # **749165** (7)

1. Corporation Name

CRAWFORDVILLE WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 682
CRAWFORDVILLE FL 32327

P.O. BOX 682
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified
10/03/1979

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-6138994

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

10. Name and Address of New Registered Agent

GABY, JULIE B
RT. 3 BOX 5099
CRAWFORDVILLE FL 32327

81 Name

Taff, Dale O.

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

108 Bostick - Pell Rd

83

84 City

Crawfordville

FL

85 Zip Code

32327

I, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D GABY, JULIE B**
STREET ADDRESS **208 ROLAND HARVEY ROAD**
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ DELETE
NAME **PD HENDERSON, LINDA**
STREET ADDRESS **RT. 16 BOX 245-D**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **D TAFF, DALE O**
STREET ADDRESS **BOSTICK-PELT ROAD**
CITY - ST - ZIP **CRAWFORDVILLE FL**

TITLE ☐ DELETE
NAME **TD PIGOTT, SHERIE V**
STREET ADDRESS **SHELL POINT**
CITY - ST - ZIP **CRAWFORDVILLE 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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*****61.25**

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:

Sherie V Pigott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERIE V Pigott 2/28/96 (904) 928-6123
Date Daytime Phone #

CR2E037 (12/95)