FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

749165

(7)

CRAWFORDVILLE WOMAN'S CLUB. INC

FILED Feb 04 1998 8:00am Secretary of State

P.O. BOX 682 CRAWFORDVILLE FL 32327 P.O. BOX 682 CRAWFORDVILLE FL 32327 P.O. BOX 682 CRAWFORDVILLE FL 32327 Applied For 10/03/1979 4. FEI Number 59-6138994 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Country Applied For Not Applicable 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year intangible	CRAWFORDVILLE WOWAN'S CLUB, INC.					
CRAWFORDVILLE FL 32327 CRAWFO	Principal Place of Business		Mailing Address		—	
2. Mailing Address 2. Mail					10/03/1979	
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-6138994 Not Applicable	
Suite, Apt. #, etc.	<u> </u>		<u> </u>		J. Certificate of Status Desired	
Action City & State City & City & State City & City & State City & City & City & State City & C	21				Fee Required	
City & State City & State City & City & State City & State	Suite, Apt. #, etc.					
28	City & State					
Zip Country Zip Country						
Personal Property Tax due June 20. Yes No.	Zip	Country		Country		
10, Name and Address of New Registered Agent	24	 	<u> </u>	-, '		
TAFF, DALE O. 108 BOSTICK-PELT RD. CRAWFORDVILLE FL 32327 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 88 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or a first animaliar with, and accept the obligations of, Section 617.0502, Florids Statutes. SIGNATURE 12. CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE PD		9. Name and Address of Curren				
108 BOSTICK-PELT RD. CRAWFORDVILLE FL 32327 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 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, or maintain with, and accept the obligations of, Sections 617.0503, Florida Statutes. SIGNATURE 3[grut. I.a., typed or present nerve of registered agent and site it applicable. (NOTE Registered Agent algument wed, and such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 3[grut. I.a., typed or present nerve of registered agent and site it applicable. (NOTE Registered Agent algument wed, and bring agent and site its applicable. (NOTE Registered Agent algument wed, and algument and accept the obligation of, Section 617.0503, Florida Statutes. 12. CFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS OFFI AGENCY ST. 2IP 14. TITLE 15. TAPE			•	81 Name		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of, Section 517,0502, Florids Statutes. In the section of the provisions of Section 517,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and such accept the obligations of, Section 517,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered adents. In the section 517,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the deposition of Section 517,0502, Florids Statutes, the above-named corporation's board of directors. I hereby accept the days and the registered addition of the section 517,0502, Florids Statutes, the above-named corporation's board of directors. I h	TAFF, D.	ALE O.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
Section of 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 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, or him familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE				obcer idan	is the second of	
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 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, 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, 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, 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, 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, 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, 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, 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, or both in the appointment as registered agent, agent agent at the corporation's board of directors. I hereby accept the appointment as registered agent, agent agent agent at the corporation's board of directors. I hereby accept the appointment as registered agent, agent agen	CRAWFORDVILLE FL 32327			83		
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 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, 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, 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, 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, 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, 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, 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, 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, or both in the appointment as registered agent, agent agent at the corporation's board of directors. I hereby accept the appointment as registered agent, agent agent agent at the corporation's board of directors. I hereby accept the appointment as registered agent, agent agen	· —			84 City	les 7in Code	
SIGNATURE Signal.re, typed or printed name of registered appet and cite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	FL T T T T T T T T T					
SIGNATURE Signal.re, typed or printed name of registered appet and cite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named corporation	oration submits this statement for the purpose of changing its registered	
Signature, hyped or primed namy of regittend agent and tile if applicable. (NOTE, expositored Agent signature required when reinstalling) DATE	agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Flori	da Statutes.	on's board or directors. Thereby accept the appointment as registered	
Signature, hyped or primed namy of regittend agent and tile if applicable. (NOTE, expositored Agent signature required when reinstalling) DATE						
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Onte: Registered Agent signature required when reinstating)					
NAME				-		
STREET ADDRESS 278 GAY STRICLAND RD		· -	DELETE		Change Addition	
CTY-ST-ZIP					·	
TITLE					·	
NAME TAFF, DALE O 22 NAME 23 STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 2.4 CITY-ST-ZIP Change Addition Additio			∏ në ere		Channe Addition	
STREET ADDRESS 108 BOSTICH-PELT RD		_			Li Gilange Li Audinon	
CITY-ST-ZIP CRAWFORDVILLE FL 2, 4 CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE Change Addition NAME BEVIS, SHERIE V 3.2 NAME STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME 4.1 TITLE Change Addition Addition Addition NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP Change Addition NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME CITY-ST-ZIP 6.4 CITY-ST-ZIP Change Addition NAME Change Addition Addition Addition	l i					
TTLE TD DELETE 3.1 TITLE Change Addition NAME BEVIS, SHERIE V 3.2 NAME 3.2 NAME	1					
NAME BEVIS, SHERIE V 349 WOODVILLE HWY 3.3 STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 3.4. CITY-ST-ZIP			DELETE		Change Addition	
STREET ADDRESS 349 WOODVILLE HWY 3.3 STREET ADDRESS CTY-ST-ZIP CRAWFORDVILLE FL 3.4 CITY-ST-ZIP Change Addition		• •		3		
CITY- ST-ZIP CRAWFORDVILLE FL 3.4. CITY- ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME CITY- ST-ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition	: [
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME	CITY-ST-ZIP	CRAWFORDVILLE FL		3.4. CITY-ST-ZIP		
STREET ADDRESS			DELETE		☐ Change ☐ Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition	NAME			4, 2 NAME		
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 6.2 NAME G.2 NAME Addition Addition Addition Addition	STREET ADDRESS			4.3 STREET ADDRESS		
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	CITY-ST-ZIP			4.4 CITY - ST - ZIP		
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6,1 TITLE Change Addition NAME 6.2 NAME	TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition	NAME			5.2 NAME		
TITLE	STREET ADDRESS			5.3 STREET ADDRESS		
NAME 6.2 NAME	CITY-ST-ZIP			5.4 CITY - ST - ZIP		
	TITLE		☐ DELETE	6,1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME		
■	STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I bereby 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		and the share the state of the	Late Plan de la 197 a		1 10 07(0)() To 11 0) 1	

14. I 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 suppliemental 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:

LAND NO BUDDA FEQUIRED SHERIE V BEVIS 1/27/98 (850)925.

72E037 (10/97)