FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702136** **(3)**

1. Corporation Name

OVIEDO WOMAN'S CLUB, INCORPORATED

Principal Place of Business	Mailing Address
414 KINGS STREET P.O.BOX 522 OVIEDO FL 32765	414 KINGS STREET P.O.BOX 522 OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1961
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-6152458 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JORDAN, MRS. H. D.)
93 E. HIGH STREET
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: JORDAN, MRS. H.D.
82 Street Address (P.O. Box Number is Not Acceptable): 106 SHADY OAK LANE
83: OVIEDO, FL 32765
84 City: Oviedo FL 85 Zip Code: 32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BOREMAN, MAGGIE MRS	1.2 NAME	DENNING, MRS. JANE
STREET ADDRESS	350 SCOTT RD	1.3 STREET ADDRESS	1116 GROVELAND DRIVE
CITY-ST-ZIP	GENEVA FL	1.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	PED	2.1 TITLE	PE/D ☒ Change ☐ Addition
NAME	DENNING, JANE MRS	2.2 NAME	FOLEY, MRS. JANET
STREET ADDRESS	1116 GROVELAND DR	2.3 STREET ADDRESS	268 MAPLE COURT
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	GILL, NANCY L. M	3.2 NAME	
STREET ADDRESS	1112 GROVELAND DR.	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	CHULOUTA FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	V/D ☒ Change ☐ Addition
NAME	DENNIS, LINDA MRS.	4.2 NAME	ELY, MRS. DORIS
STREET ADDRESS	3067 ALATKA CT.	4.3 STREET ADDRESS	756 ANDOVER CIRCLE
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	KANISTRAS, SANDY MRS	5.2 NAME	V/D
STREET ADDRESS	605 E. CHAPMAN RD	5.3 STREET ADDRESS	PARTIN, MRS. MARGUERITE
CITY-ST-ZIP	OVIEDO, FL 00000	5.4 CITY-ST-ZIP	670 PALM DRIVE
TITLE	VD	6.1 TITLE	OVIEDO, FL 32765 ☒ Change ☐ Addition
NAME	FOLEY, JANET M	6.2 NAME	S
STREET ADDRESS	268 MAPLE CT.	6.3 STREET ADDRESS	MURPHY, MRS. JOAN
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	3625 LAKE DRAWDY DR.
			ORLANDO, FL 32820

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)(i), 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: Nancy L. Gill NANCY L. GILL, TREASURER April 17, 1995 407-365-5793
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)