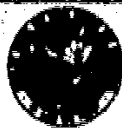


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 702136 (3)
1. Corporation Name
OVIEDO WOMAN'S CLUB, INCORPORATED

Principal Place of Business

414 KINGS STREET
P.O. BOX 522
OVIEDO FL 32765

Mailing Address

414 KINGS STREET
P.O. BOX 522
OVIEDO FL 32765

APPROVED
AND
FILED

95 APR 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1961	04/05/1994
4. FEI Number	Applied For Not Applicable
59-6152458	
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.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	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. City	OVIEDO, FL 32765
84. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	P
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	PE	2.1 TITLE	PE/D
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	
NAME	GILL, NANCY L. M	3.2 NAME	
STREET ADDRESS	1112 GROVELAND DR.	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	CHULUOTA FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	V/D
NAME	DENNIS, LINDA MRS.	4.2 NAME	ELY, MRS. DORIS
STREET ADDRESS	3087 ALATKA CT.	4.3 STREET ADDRESS	756 ANDOVER CIRCLE
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	WINTER SPRINGS, FL 32708
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
NAME	FOLEY, JANET M	6.2 NAME	MURPHY, MRS. JOAN
STREET ADDRESS	268 MAPLE CT.	6.3 STREET ADDRESS	3625 LAKE DRAWDY DR.
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: NANCY L. GILL, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Apr 11 17, 1995 407-365-5793