FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705738** **(3)**

1. Corporation Name

WOMAN'S CLUB OF LEESBURG

Principal Place of Business	Mailing Address
700 S. 9TH STREET P. O. BOX 490532 LEESBURG FL 34749-7532	700 S. 9TH STREET P. O. BOX 490532 LEESBURG FL 34749-7532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1963**
3a. Date of Last Report: **04/07/1994**
4. FEI Number: **59-1481485** ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAMER, ELLAH 1204 S 8TH ST LEESBURG FL 34748	81 Name: HARRIS, HELEN 82 Street Address (P.O. Box Number is Not Acceptable): 305 W. WASHINGTON AVE. 83 84 City: LEESBURG FL 85 Zip Code: 34748

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: HELEN HARRIS - 5TH VICE PRESIDENT — Helen Harris — 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	SHOCKLEY, JEAN	12 NAME		
STREET ADDRESS	1246 GRANADA CT	13 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	PRESIDENT PD	☑ Change ☐ Addition
NAME	YOUNG, JACQUELINE	22 NAME	Young, Jacqueline	
STREET ADDRESS	1529 S POINTE DR	23 STREET ADDRESS	1529 S. Pointe Dr.	
CITY-ST-ZIP	LEESBURG FL	24 CITY-ST-ZIP	Leesburg, Fl - 34748	
TITLE	VD	31 TITLE	2ND VICE PRESIDENT VD	☒ Change ☐ Addition
NAME	RUNYAN, KATHALEEN	32 NAME	Boothe, Jane	
STREET ADDRESS	35107 RED BUD RD.	33 STREET ADDRESS	408 Valley Road	
CITY-ST-ZIP	FRUITLAND PARK FL	34 CITY-ST-ZIP	Fruitland Park Fl. 34731	
TITLE	PD	41 TITLE	1ST VICE PRESIDENT VD	☒ Change ☐ Addition
NAME	TAAPKEN, EMMA	42 NAME	Juanita Hall	
STREET ADDRESS	1112 W MAIN ST APT D-6	43 STREET ADDRESS	1610 Michigan Ave	
CITY-ST-ZIP	LEESBURG FL	44 CITY-ST-ZIP	Leesburg Fl 34748	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: M. JEAN SHOCKLEY - M. Jean Shockley — 4/17/95 — 904 753-1771
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

000224