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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

WOMAN'S CLUB OF LEESBURG

WOMAN'S CLUB OF	LLLODONG										
Principal Place of Business		Mailing Address				1	110000				
700 S. 9TH STREET		700 S. 9TH STREE				1					
P. O. BOX 490532		P. O. BOX 490532									
LEESBURG FL 34749-7532		LEESBURG FL 347	149-1332				 Date Incorporated or 06/10/1963 	Qualified	3a . D	ate of Last 05/01/1	Report 995
2. Principal Place of Business		2a. Mailing Address	3				4. FEI Number				Applied For
2. Principal Place of Business		26					59-1481485				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.				5. Certificate of Status D	Desired			Additional Required
City & State		City & State				1	Election Campaign Fin Trust Fund Contribution	on		Adde	O May Be d to Fees
Zip C	Country	Zip		Country			8. This corporation has	liability for in	tangible t	ax under s	. 199.032,
4 25	· · · · · · · · · · · · · · · · · · ·	29	30				Florida Statutes		Yes L		
9. Name and	Address of Current R	legistered Agent					10. Name and Address	of New He	gisterea	Agent	
				81	Name						
HARRIS, HELEN				82	Stree	t Address	(P.O. Box Number is No	t Acceptable	e)	·	
805 W WASHINGTON A	VE										
LEESBURG FL 34748				83	1						
				84	City					85 Z	ip Code
11. Pursuant to the provisions of					1 '				FI		
 Pursuant to the provisions of or registered agent, or both, familiar with, and accept the 											
signature. typed or print	ed name of registered agent and	d title if applicable.		g stered Age	nt signatur	e required wi	ien reinstating) ADDITIONS/CHANGI	ES TO OFFI	DATE ICERS AN		
familiar with, and accept the SIGNATURE Signature, typed or print		d title If applicable. DIRECTORS	(NOTE: Reg		nt signaturi	170	ADDITIONS/CHANG		CERS AN	ID DIRECTI	
SIGNATURE Signature, typed or print 12.	ed name of registered agent and OFFICERS AND [d title if applicable.	(NOTE: Reg	13.	nt signaturi	170	ADDITIONS/CHANG		CERS AN		
SIGNATURE Signature, typed or print 12. 10 SHOCKLEY, AND CRAN	ed name of registered agent and OFFICERS AND D	d title If applicable. DIRECTORS	(NOTE: Reg	13. 1.1 TITLE		Tra	mpish, Guer 350 Shyares	yiw st 81.	CERS AN	X Change	
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