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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34749-0532

3. Date Incorporated or Qualified: **06/10/1963**
3a. Date of Last Report: **04/03/1996**

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

4. FEI Number: **59-1481485** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIS, HELEN
805 W WASHINGTON AVE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 617.0503, 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	TD	☐ DELETE	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	TRAMPISH, GEORGIA		1.2 NAME	TRAMPISH, GEORGIA	
STREET ADDRESS	36850 SKY CREST BLVD		1.3 STREET ADDRESS	309 E. MIRROR LAKE DR. APT. B	
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP	FRUITLAND PK, FL 34731	
TITLE	PPD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	YOUNG, JACQUELINE		2.2 NAME	LOVELL, ELAINE	
STREET ADDRESS	1529 S POINTE DR		2.3 STREET ADDRESS	33323 TEWKSBURY RD	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VPVD	☐ DELETE	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	BOOTHE, JANE		3.2 NAME	ADAMS, MARGARET	
STREET ADDRESS	208 VALLEY ROAD		3.3 STREET ADDRESS	6206 STEFFI ST	
CITY-ST-ZIP	FRUITLAKE PARK FL		3.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VDP	☐ DELETE	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	LOVELL, ELAINE T		4.2 NAME	RELYEA, VIRGINIA	
STREET ADDRESS	33323 TOWKSBURY RD		4.3 STREET ADDRESS	116 CYPRESS RD.	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		VB 3 20
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002120039	
STREET ADDRESS			6.3 STREET ADDRESS	-03/21/97--01008--018	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (9/96)

14. I do 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 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: Georgia Trampish Treas. GEORGIA TRAMPISH 3/14/97 352-787-6558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070239