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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705738

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/10/1963 4. FEI Number 59-1481485 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	JORDAN, BETSY H.	
STREET ADDRESS	309 E MIRROR LAKE DR APT D		1.3 STREET ADDRESS	5432 ASTOR ST.	
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ADAMS, MARGARET		2.2 NAME	NITA HALL	
STREET ADDRESS	6206 STEFFI ST		2.3 STREET ADDRESS	1610 MICHIGAN AVE.	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RELYER, VIRGINIA		3.2 NAME		
STREET ADDRESS	118 CYPRESS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	LOVELL, ELAINE T		4.2 NAME	ADAMS, MARGARET	
STREET ADDRESS	33323 TOWKSBURY RD		4.3 STREET ADDRESS	6206 STEFFI ST.	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Betsy H. Jordan SIGNATURE REQUIRED Betsy H. JORDAN 1/26/99 352-326-8149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #