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 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706236 (7)

1. Corporation Name

LABELLE COMMUNITY WOMANS CLUB INCORPORATED

Principal Place of Business	Mailing Address
HICKOCHEE AVENUE - HIGHWAY 80 - P.O. BOX 551 LABELLE FL 33935-0551	HICKOCHEE AVENUE - HIGHWAY 80 - P.O. BOX 551 LABELLE FL 33935-0551

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6140800 ☐ Applied For ☐ Not Applicable

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 / County 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
GREGORY, DOREEN ORTONA RD. MOORE HAVEN FL 33471	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 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: Doreen Gregory President
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	GREGORY, DOREEN	12 NAME		
STREET ADDRESS	ORTONA RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	WHATLEY, MARGARET	22 NAME		
STREET ADDRESS	HWY 78W, P.O. BOX 568	23 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	24 CITY-ST-ZIP		
TITLE	PDC	31 TITLE	S/D	☐ Change ☐ Addition
NAME	MANESS, BECKY	32 NAME	HUMPHRIES, MARTHA RAYE	
STREET ADDRESS	POLLYWOG LN, PO BOX 2356 NA	33 STREET ADDRESS	450, MAIN ST., P.O.BOX 53	
CITY-ST-ZIP	LABELLE FL	34 CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	TD	41 TITLE	V/D	☐ Change ☐ Addition
NAME	GREGORY, DOREEN	42 NAME	KIGHT, SHIRLEY	
STREET ADDRESS	ORTONA ROAD	43 STREET ADDRESS	A-35, AQUA ISLES	
CITY-ST-ZIP	MOORE HAVEN FL	44 CITY-ST-ZIP	LABELLE, FL 33935	
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)(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: Doreen Gregory DOREEN GREGORY
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000370