FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/30/1963
3a. Date of Last Report: 04/27/1995

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

4. FEI Number: 59-6140800 ☐ 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

~~GREGORY, DOREEN~~
~~ORTONA RD.~~
~~MOORE HAVEN FL 33471~~

10. Name and Address of New Registered Agent

81 Name: SHIRLEY A. KIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 900 W. HICKPOCHEE AVE.
83: AQUA ISLES A35
84 City: LABELLE, FL 85 Zip Code: 33935

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: SHIRLEY A. KIGHT — Shirley A. Kight — Apr. 9, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~GREGORY, DOREEN~~ ~~ORTONA RD.~~ ~~MOORE HAVEN FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SHIRLEY A. KIGHT 900 W. HICKPOCHEE AVE., AQUA ISLES A35 LABELLE, FL. 33935 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHATLEY, MARGARET HWY 78W, P.O. BOX 568 LABELLE FL 33935	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD CAMILLA KVETKO P.O. BOX 484 LABELLE, FL. 33935 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUMPHRIES, MARTHA RAYE 450, MAIN ST. P. O. BOX 53 LABELLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD MARTHA RAYE HUMPHRIES 450 MAIN ST., P.O. BOX 53 LABELLE, FL. 33935 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~KIGHT, SHIRLEY~~ ~~A-35, AQUA ISLES~~ ~~LABELLE FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MARTARET WHATLEY P.O. BOX 568, HWY 78 WEST LABELLE, FL. 33935 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: Shirley A. Kight — Apr. 9, 1996 — 941-674-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #