SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 19 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 # 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: 04/15/1996
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: 59-6140800 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SHIRLEY A. KIGHT
900 W. HICKPOCHEE AVE.
AQUA ISLES A35
LABELLE FL 33935

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	PD ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	SHIRLEY A. KIGHT	1.2 NAME	SHIRLEY A. KIGHT
STREET ADDRESS	900 W. HICKPOCHEE AVE. AQUA ISLES A35	1.3 STREET ADDRESS	900 W. HICKPOCHEE AVE A. I. A35
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	LABELLE, FL. 33975
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	CAMILLA KVETKO	2.2 NAME	MARTHA RAYE HUMPHRIES
STREET ADDRESS	P.O. BOX 484	2.3 STREET ADDRESS	450 MAIN ST P. ~~O. BOX~~ 53
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	LABELLE, FL. 33975
TITLE	SD ☐ DELETE	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	HUMPHRIES, MARTHA RAYE	3.2 NAME	CHERYL BILLS
STREET ADDRESS	450, MAIN ST. P. O. BOX 53	3.3 STREET ADDRESS	660 TURTLE LANE
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	LABELLE, FL. 33935
TITLE	TD ☐ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	MARGARET WHATLEY	4.2 NAME	CAMILLA KVETKO
STREET ADDRESS	P.O. BOX 568, HWY 78 WEST	4.3 STREET ADDRESS	P ~~O. BOX 484~~, 2310 w/ Hwy 78
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	LABELLE, FL. 33975
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	PE 8.19
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	400002272924
STREET ADDRESS		6.3 STREET ADDRESS	-08/20/97--01117--004
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

CR2E037 (4/97)

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.

Shirley A. Kight SIGNATURE REQUIRED 7/21/97 941-695-3578