FILE NOW: FILING FEE IS $61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90143 013 ****61.25

0062250

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **706236**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/30/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6140800 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Lorraine Porterfield
82 Street Address (P.O. Box Number is Not Acceptable): 881 Porterfield Rd
83
84 City: LaBelle, Fl **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: Margaret Whatley TD — 4/19/99
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHIRLEY A. KIGHT		1.2 NAME	Lorraine Porterfield	
STREET ADDRESS	900 W. HICKPOCHEE AVE. AQUA ISLES A35		1.3 STREET ADDRESS	881 Porterfield Rd	
CITY-ST-ZIP	LABELLE FL 33975		1.4 CITY-ST-ZIP	LaBelle, Fl 33935	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	CAMILLA KVETKO		2.2 NAME	Margaret Whatley	
STREET ADDRESS	2310 WEST HWY 78		2.3 STREET ADDRESS	190 Hardee St.	
CITY-ST-ZIP	LABELLE FL 33975		2.4 CITY-ST-ZIP	LaBelle, Fl 33975	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HUMPHRIES, MARTHA RAYE		3.2 NAME	Betty Hire	
STREET ADDRESS	450 MAIN ST.		3.3 STREET ADDRESS	13090 Lock Lane SW	
CITY-ST-ZIP	LABELLE FL 33975		3.4 CITY-ST-ZIP	Moore Haven, Fl 33471	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BILLS, CHERYL		4.2 NAME	Martha Raye Humphries	
STREET ADDRESS	660 TURTLE LANE		4.3 STREET ADDRESS	450 Main St.	
CITY-ST-ZIP	LABELLE FL 33935		4.4 CITY-ST-ZIP	LaBelle, Fl 33935	
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		

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: Margaret Whatley SIGNATURE REQUIRED — 4/19/99 — 941/6750283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)