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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-24-2001 90269 026 ****61.25

DOCUMENT # 706236

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6140800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HARRISON, DOROTHY~~ ~~230 FRASER ST~~ ~~LABELLE FL 33975~~	Name SUSAN J. NELSON Street Address (P.O. Box Number is Not Acceptable) 12570 SHADY LANE S.W. City MOORE HAVEN **FL** Zip Code 33471-8274

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Susan President SUSAN J. NELSON 4-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRISON, DOROTHY 230 FRASER AVE LABELLE FL 33975	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN J. NELSON 12570 SHADY LN. S.W. MOORE HAVEN FL 33471-8274	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHATLEY, MARGARET 190 HARDEE ST LABELLE FL 33975	☒ Delete	TITLE O NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY HARRISON 230 FRASER ST LABELLE FL 33975 TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~HIRE, BETTY~~ 13090 LOCK LN SW MOORE HAVEN FL 33471	☒ Delete	TITLE O NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARION VALE 4502 ECHO CT SPRINGVIEW CR. LABELLE FL 33935	☒ Change ☐ Addition
TITLE O NAME STREET ADDRESS CITY-ST-ZIP	SD HUMPHRIES, MARTHA R 450 MAIN ST LABELLE FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan SIGNATURE REQUIRED SUSAN J. NELSON 4-16-01 863-675-4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #