2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90007 039 ****70.00

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
HICKOCHEE AVE	
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
NELSON, SUSAN J 12570 SHADY LANE SW MOORE HAVEN FL 33471-8274	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	TP NELSON, SUSAN J 12570 SHADY LANE SW MOORE HAVEN FL 33471-8274	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, DOROTHY 230 FRASER STREET LABELLE FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POBox 2336	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP VALE, MARION 4502 ECHO CT LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUMPHRIES, MARTHA R 450 MAIN ST LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POBox 53	☐ 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 (9/01)

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: Dorothy Harrison REQUIRED Dorothy HARRISON 01/31/02 863-675-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #