2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90276 040 ****61.25

DOCUMENT # 706236

1. Entity Name

LABELLE COMMUNITY WOMANS CLUB INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 551 LABELLE FL 33975	PO BOX 551 LABELLE FL 33975

MOORE CR2E037 (11/03)

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

NELSON, SUSAN J
12570 SHADY LANE SW
MOORE HAVEN FL 33471-8274

7. Name and Address of New Registered Agent

Name: MARION B VALE-HULL

Street Address (P.O. Box Number is Not Acceptable): 4502 ECHO CT.

City: LABELLE FL Zip Code: 33935

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marion B. Vale-Hull 4/23/04

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida 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	PD CAMPBELL, LYNNE 566 Chamonix Ave. S. LEHIGH, FL 33936	☑ 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	VPD HUMPHRIES, MARTHA R P.O. BOX 53 LABELLE, FL 33935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUMPHRIES, MARTHA R P.O. BOX 53 LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VALE-HULL, MARION 4502 ECHO CT. LABELLE, FL. 33935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST YOUNG, PENNY 4506 FIRE CT. LABELLE, FL. 33935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SWINK, JUDITH 4213 Fort Keis St. LABELLE, FL 33935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Marion B. Vale-Hull 4/23/04 863-675-7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #