FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # 709902 (1)

1. Corporation Name

WINDJAMMERS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
1001 GULF BLVD. P.O. BOX 3104 CLEARWATER FL 34630-8104	1001 GULF BLVD. P.O. BOX 3104 CLEARWATER FL 34630-8104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7346886 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LONG, JOHN
6704 HARBOR VIEW WAY
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: JOHN HOLBACH
82 Street Address (P.O. Box Number is Not Acceptable): 2803 GULF TO BAY BLVD
83
84 City: CLEARWATER FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Holbach 5/29/95
(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	C	11 TITLE	P	☒ Change ☐ Addition
NAME	CARTER, JUDY	12 NAME		
STREET ADDRESS	12001 BLECHER RD #91	13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP		
TITLE	VC	21 TITLE	D	☒ Change ☐ Addition
NAME	O'BRIEN, TED	22 NAME		
STREET ADDRESS	3376 FERNCLIFF LN	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	D	☒ Change ☐ Addition
NAME	FELSL, MARY	32 NAME	ALDER ALLENSWORTH	
STREET ADDRESS	3470 POCAHONTAS DR.	33 STREET ADDRESS	200 180TH S	
CITY-ST-ZIP	LARGO FL 34644	34 CITY-ST-ZIP	EVERGREEN SHORES, FL 33708	
TITLE	TT	41 TITLE		☒ Change ☐ Addition
NAME	LONG, JOHN	42 NAME		
STREET ADDRESS	6704 HARBOR VIEW WAY	43 STREET ADDRESS	DROP	
CITY-ST-ZIP	TAMPA FL 33615	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	A	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John D. Long 4/10/95 (813)871-9990
SIGNATURE AND TYPED OR PRINTED NAME OF ANNING OFFICER OR DIRECTOR Date Daytime Phone #

0060720

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710240 (3)

1. Corporation Name

TAVARES JUNIOR WOMAN'S CLUB, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 471 LAKESHORE DRIVE TAVARES FL 32778	P. O. BOX 471 LAKESHORE DRIVE TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1966
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-1779316 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

COLLINS, DINAH C
185 OAKSHADE DRIVE
MT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: Thomas, Debbie C.
82 Street Address (P.O. Box Number is Not Acceptable): 1608 N. New Hampshire Ave.
83
84 City: Tavares FL 85 Zip Code: 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Debbie C. Thomas, Debbie C. Thomas, Treasurer 4/24/95
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	VD	11 TITLE DV	Pres. Elect	☒ Change ☐ Addition
NAME	QUATTLEBAUM, VIVIAN	12 NAME	Quattlebaum, Vivian	
STREET ADDRESS	10030 STUART PL	13 STREET ADDRESS	10030 Stuart PL	
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	TD	21 TITLE DP	President	☒ Change ☐ Addition
NAME	COLLINS, DINAH	22 NAME	Collins, Dinah	
STREET ADDRESS	185 OAKSHADE DRIVE	23 STREET ADDRESS	185 Oakshade Dr.	
CITY-ST-ZIP	MT. DORA FL	24 CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	PD	31 TITLE DV	Vice-Pres.	☐ Change ☒ Addition
NAME	STUBBS, JANA	32 NAME	Sue Underwood	
STREET ADDRESS	202 WATERWOOD DRIVE	33 STREET ADDRESS	10801 Treadway School Rd.	
CITY-ST-ZIP	YALAHA FL	34 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	ST	41 TITLE DS	Recording Sec.	☐ Change ☒ Addition
NAME	SCOTT, JOANNA	42 NAME	Ekdahl, Beth	
STREET ADDRESS	523 BARROW AVENUE	43 STREET ADDRESS	23816 Oak Tree Dr.	
CITY-ST-ZIP	TAVARES FL	44 CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	ST	51 TITLE DT	Thomas, Debbie	☐ Change ☒ Addition
NAME	PEARSON, PATTY	52 NAME	Treasurer	
STREET ADDRESS	35208 SILVER OAK DRIVE	53 STREET ADDRESS	1608 N. New Hampshire Ave.	
CITY-ST-ZIP	LEESBURG FL	54 CITY-ST-ZIP	Tavares, FL 32778	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Debbie C. Thomas, Debbie C. Thomas 4/24/95 904/742-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032333