FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 710240

(3)

Mailing Address

TAVARES JUNIOR WOMAN'S CLUB, INCORPORATED

P. O. BOX 47 LAKESHORE I TAVARES FL	DRIVE	P. O. BOX 471 LAKESHORE DRIVE TAVARES FL 32778		Date Incorporated or Qualified 01/24/1966	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1779316	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
24	9 Name and Address of Curren	t Registered Agent	30	10. Name and Address of New Ro	- ·
	5. Hallio and Hadibas at Californ		81 Name 7		
THOMAS	DEODIE O			Address (P.O. Box Nimber is Not Acceptable	<u> </u>
	S, DEBBIE C		82 Street A	1.3 J 4 $1 \pm uGGuas$	^町 ヘー・ファイン
	NEW HAMPSHIRE AVE		83	1.03 1 14 (CG) 1113 V	
IAVARE	S FL 32778				In I am on the
			84 City İ	EESPOULT	FL 85 Zip Code 34.188
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	is, the above-named co	rooration submits this statement for the our	pose of changing its registered office
or register	red agent, or both, in the State of Florionth, and accept the obligations of, Sect	da. Such change was authorize	ed by the corporation's I	board of directors. I hereby accept the appo	intment as registered agent. I am
	//				03-08-96
SIGNATURE .	Yorker Light District Signature, typed or printed name of register agent	rand tide if applicable (NO)	1E. Registered Agent signature re	acured when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS CHANGES TO OFF	
TITLE	DV	▼ DELE1E	1.1 TITLE	ΔV , .	Change Addition
NAME	QUATTLEBAUM, VIVIAN		12 NAME	QUATTLEBAUM, UIVII	AN)
STREET ADDRESS	10030 STUART PL		1.3 STREET ADDRESS	10030 STUART PH	
CITY - ST - ZIP	LEESBURG FL		1.4 CITY-ST-ZIP	LEESBURG, Fl.	
TITLE	PD	⊠ DELETE	2.1 TITLE	D.	Change X Addition
NAME	COLLINS, DINAH		2 2 NAME	FAITH FEXEQUIA	
STREET ADDRESS	185 OAKSHADE DRIVE		2 3 STREET ADDRESS	811 MCININ O.T	
CITY-ST-ZIP	MT. DORA FL		2 4 CITY-ST-7IP	BITMERAIN CA THOMES, FL 32776 PD	유
TITLE	PD	™ DELETE	3.1 TITLE	PD	Change 🔀 Addition
NAME	STUBBS, JANA		3.2 NAME	LORI MATCHETT AUC 1420 Flymouth AUC	£ ⁷
STREET ADDRESS	202 WATERWOOD DRIVE		3 3 STREET ADORESS	1420 Flymour K	A
CITY-ST-ZiP	YALAHA FL		3 4. CITY - ST - ZIP	MT BORA, FL. 327	<u> </u>
TITLE	ST	Z DELETE			
NAME	SCOTT, JOANNA		4 2 NAME	LIRDA BARTBERGE	EC.
STREET ADDRESS	523 BARROW AVENUE		4.3 STREET ADDRESS	foBex 73	
CITY-SI-ZIP	TAVARES FL		4.4 CITY - ST - ZIP	EUSTIS, F1. 32721 BT DINAH COLLINS	7-0073
TITLE	ST	⊠ DELETE	5 1 TITLE	57	☐ Change 🔀 Addition
NAME	PEARSON, PATTY		5.2 NAME	DINAH COLKINS	: / : **
STREET ADDRESS	35208 SILVER OAK DRIVE		5.3 STREET ADDRESS	1850AKSHADE DE	ere.
CITY-ST-ZIP	LEESBURG FL		5.4 CHTV - ST - ZIP	141 DUNH, F1. 327	37
TITLE	DV	DELETE	6.1 TITLE	i	Change Addition
NAME	UNDERWOOD, SUE		6.2 NAME		
STREET ADDRESS		RD	63 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FI		6 4 C(TY - ST - Z)P		
14. I do here	but and further the information aurolian	with this filing is voluntarily furn	nished and does not qualified and a	alify for the exemption stated in Section 119 ocurate and that my signature shall have the	.07(3)(k), Florida Statutes. I further s same legal effect as if made under
oath: tha	at Lam an officer or director of the cord	oration or the receiver or truste	ee empowered to execu	te this report as required by Chapter 617.	lorida Statutes; and that my name
appears	in Block 12 or Block 13 if changed, or	on an attachment with an add	ress.		