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

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE TALLAHASSEE, FLORIDA

REMITTED BY MAY 7

DO NOT WRITE IN THIS SPACE

DOCUMENT # 711354 (1)

1. Corporation Name

COLUMBIA COUNTY WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
% INEZ S. JOHNSON 1390 PATTERSON ST LAKE CITY FL 32055	% INEZ S. JOHNSON 1390 PATTERSON ST LAKE CITY FL 32055

3. Date Incorporated or Qualified: 08/16/1966
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0685929 ☐ 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

JOHNSON, INEZ S.
1390 PATTERSON ST
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Asst Secy	☐ Change ☑ Addition
NAME	JOHNSON, INEZ S	12 NAME	Ella M Jones	
STREET ADDRESS	1390 PATTERSON ST	13 STREET ADDRESS	2316 Lake Dr.	
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	Lake City FL. 32055	
TITLE	VD	21 TITLE	Chaplain	☑ Change ☐ Addition
NAME	COOLEY, WILLA V	22 NAME	Alyce J. Caesar	
STREET ADDRESS	1172 ABERDEEN ST	23 STREET ADDRESS	726 Mitcing DR,	
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	Lake City, Fla. 32055	
TITLE	SD	31 TITLE	Parliamentarian	☐ Change ☑ Addition
NAME	PIERCE, CATHERINE	32 NAME	Sonita Orr P.O. Box 1743 N/A	
STREET ADDRESS	618 MONTANA STREET	33 STREET ADDRESS	~~[illegible]~~	
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	Lake City, FL. 32055	
TITLE	TD	41 TITLE	Historian	☐ Change ☑ Addition
NAME	LEVY, CELESTINE C.	42 NAME	Cora B. Raines	
STREET ADDRESS	RTE 15 BOX 1286	43 STREET ADDRESS	319 Lamond Ave	
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP	Lake City, FL. 32055	
TITLE	VD	51 TITLE	D- Eric Wilson	☐ Change ☑ Addition
NAME	HAMILTON, EVERLENA	52 NAME	P.O. Box 1149 N/A	
STREET ADDRESS	1249 SO. CAROLINA ST	53 STREET ADDRESS	Lake City, FL. 32056	
CITY-ST-ZIP	LAKE CITY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D- Pauline Harrison	☐ Change ☑ Addition
NAME	ALLEN, LOUISE	62 NAME	1515 Old Winter St.	
STREET ADDRESS	1811 TOMPAGE AVE	63 STREET ADDRESS	Lake City FL. 32055	
CITY-ST-ZIP	LAKE CITY FL	64 CITY-ST-ZIP	& Deceased by Date	

5/1/95 MF

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: Inez S. Johnson 5/30/95 (904)-752-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0983171