

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1145 M. King St.**

26 **1390 Patterson St.**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

23 City & State

Lake City, Fla.

28 City & State

Lake City Fla.

24 Zip

32055

Country

Columbia

29 Zip

32055

Country

Columbia

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, INEZ S	
STREET ADDRESS	1390 PATTERSON ST	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CEASAR, ALYCE J	
STREET ADDRESS	726 M.L. KING DR.	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, CATHERINE	
STREET ADDRESS	618 MONTANA STREET	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVY, CELESTINE C.	
STREET ADDRESS	RTE 15 BOX 1286	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMILTON, EVERLENA	
STREET ADDRESS	1249 SO. CAROLINA ST	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, LOUISE	
STREET ADDRESS	1811 TOMPAGE AVE	
CITY - ST - ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Cooby, Willa V
23 STREET ADDRESS	1172 Aberdeen St
24 CITY - ST - ZIP	Lake City, Fla.
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ELLA M. Jones
33 STREET ADDRESS	2316 Lake Dr.
34 CITY - ST - ZIP	Lake City Fla, 32055
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robinson Francena
43 STREET ADDRESS	855 Lucra St.
44 CITY - ST - ZIP	Lake City Fla. 32055
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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:

Inez S. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

904-752-5724
Daytime Phone

CR2E037 (12/95)