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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711354 (1)

1. Corporation Name
COLUMBIA COUNTY WOMEN'S CLUB, INC.

Principal Place of Business 1145 M.L. KING STREET LAKE CITY FL 32055 US	Mailing Address 1390 PATTERSON STREET LAKE CITY FL 32055-2445 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 08/16/1966	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0685929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (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	VP	<input type="checkbox"/> DELETE
NAME	COOBY, WILLA V.	
STREET ADDRESS	1172 ABERDEEN STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, CELESTINE C.	
STREET ADDRESS	RTE 15 BOX 1288	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	R. Secretary
3.3 STREET ADDRESS	Catherine Pierce
3.4 CITY-ST-ZIP	614 montana st Lake City, FL 32055
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Willie Dean Mayo
4.4 CITY-ST-ZIP	Rt 8 Box 453 Lake City, FL 32055
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	F. Secretary
5.3 STREET ADDRESS	Francena Robinson
5.4 CITY-ST-ZIP	712 Laura St. Lake City, FL 32055
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0000013

CR2E037 (9/96)