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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 08/16/1966	
4. FEI Number 59-0685929	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1171 Martin L. King, Jr. Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 443 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 32056-0443

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
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10. Name and Address of New Registered Agent	
81 Name	Willie Dean Mayo
82 Street Address (P.O. Box Number is Not Acceptable)	Rt. 8, Box 453
83	
84 City	Lake City
85 FL	32055

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 *Willie Dean Mayo* **Willie Dean Mayo** **7/16/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	JOHNSON, INEZ S	1.2 NAME	Willie Dean Mayo
STREET ADDRESS	1390 PATTERSON ST	1.3 STREET ADDRESS	Rt. 8, Box 453
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	Lake City, Florida 32055
TITLE	C	2.1 TITLE	S
NAME	CEASAR, ALYCE J	2.2 NAME	Catherine Pierce
STREET ADDRESS	726 M.L. KING DR.	2.3 STREET ADDRESS	618 Montana St.
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	Lake City, Florida 32055
TITLE	VP	3.1 TITLE	VD
NAME	COOBY, WILLA V.	3.2 NAME	Willa V. Cooley
STREET ADDRESS	1172 ABERDEEN STREET	3.3 STREET ADDRESS	1172 Aberdeen Street
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	Lake City, Florida 32055
TITLE	T	4.1 TITLE	T
NAME	MAYO, WILLIE DEAN	4.2 NAME	Nikki Woods
STREET ADDRESS	RT 8 BOX 453	4.3 STREET ADDRESS	Sister Welcome Road
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Lake City, Florida 32055
TITLE	VD	5.1 TITLE	V
NAME	HAMILTON, EVERLENA	5.2 NAME	Everlena Hamilton
STREET ADDRESS	1249 SO. CAROLINA ST	5.3 STREET ADDRESS	1249 S. Carolina St.
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	Lake City, Florida 32055
TITLE	D	6.1 TITLE	D
NAME	ALLEN, LOUISE	6.2 NAME	Francena Robinson
STREET ADDRESS	1811 TOMPAGE AVE	6.3 STREET ADDRESS	Laura Street
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	Lake City, Florida 32055

14. I 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 *Willie Dean Mayo* **Willie Dean Mayo** **As of 7/16/98 (901) 354-1150**

CR2E037 (10/97)