

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711354

1. Corporation Name

COLUMBIA COUNTY WOMEN'S CLUB, INC.

Principal Place of Business

1171 MARTIN L KING JR DRIVE
LAKE CITY FL 32055
US

Mailing Address

P O BOX 443
LAKE CITY FL 32056-443
US

2. Principal Place of Business

21 1171 Martin L. King, Jr., Drive
Suite, Apt. #, etc.

22

City & State

23 Lake City, Florida

Zip Country

24 32055

25

2a. Mailing Address

26 P.-O.Box-443
Suite, Apt. #, etc.

27

City & State

28 Lake City, Florida

Zip Country

29 32056

30

3. Date Incorporated or Qualified

08/16/1966

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

9. Name and Address of Current Registered Agent

MAYO, WILLIE DEAN
RT 8 BOX 453
LAKE CITY FL 32055

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,

FL

85 Zip Code
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 617.1503, Florida Statutes.

SIGNATURE

Willie Dean Mayo

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

NOTE: Registered Agent signature required when reinstating)

DATE

June 21, 1999

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME MAYO, WILLIE DEAN
STREET ADDRESS RT 8 BOX 453
CITY-ST-ZIP LAKE CITY FL 32055

TITLE S
NAME PIERCE, CATHERINE
STREET ADDRESS 618 MONTANA STREET
CITY-ST-ZIP LAKE CITY FL 32055

TITLE VD
NAME COOLEY, WILLA V
STREET ADDRESS 1172 ABERDEEN ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE T
NAME WOODS, NIKKI
STREET ADDRESS SISTER WELCOME ROAD
CITY-ST-ZIP LAKE CITY FL 32055

TITLE V
NAME HAMILTON, EVERLENA
STREET ADDRESS 1249 S CAROLINA STREET
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D
NAME ROBINSON, FRANCENA
STREET ADDRESS LAURA STREET
CITY-ST-ZIP LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Georgia Muldrow
2.2 NAME 272 Derby Street
2.3 STREET ADDRESS Lake City, Florida
2.4 CITY-ST-ZIP 32055

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Inez Johnson
4.3 STREET ADDRESS 1390 Patterson St.
4.4 CITY-ST-ZIP Lake City, FL. 32055

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Willie Dean Mayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 022 ****61.25



CR2E037 (5/99)