

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711769 (0)

1. Corporation Name

NAPLES WOMAN'S CLUB

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:55

Principal Place of Business
570 PARK STREET
NAPLES FL 33940

Mailing Address
570 PARK STREET
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 11/08/1966
3a. Date of Last Report 02/08/1994
4. FEI Number 59-0907298
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

9. Name and Address of Current Registered Agent
STEPHENS, HELEN
570 PARK STREET
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name Beth Gillham
82 Street Address (P.O. Box Number is Not Acceptable) 570 Park Street
83
84 City Naples, FL 85 Zip Code 33940

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

Beth Gillham
(NOTE: Registered Agent signature required when reinstating)

1/13/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RAFFALDINI, THERESA
STREET ADDRESS	246 SPRINGLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	VPD
NAME	ULRICH, LORRAINE
STREET ADDRESS	4666 CRAYTON ROAD
CITY-ST-ZIP	NAPLES FL
TITLE	PD
NAME	STEPHENS, HELEN
STREET ADDRESS	1271 WOODRIDGE AVENUE
CITY-ST-ZIP	NAPLES FL
TITLE	VPD
NAME	THOMAS, NANCY
STREET ADDRESS	112 FAIRWAY CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	VPD
NAME	HANNOLD, SHIRLEY
STREET ADDRESS	3300 BINNACLE DR., #213
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	GILLHAM, BETH
STREET ADDRESS	2228 PINWOOD CIRCLE
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	7653 Ponte Verde Way
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Beth Gillham
3.4 CITY-ST-ZIP	270 Naples Cove Dr., Apt. 305 Naples, FL
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	Chambers, Judy
4.4 CITY-ST-ZIP	750 Southern Pines Drive Naples, FL
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	Worrel, Jean
5.4 CITY-ST-ZIP	2328 Pinewood Circle Naples, FL
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	SD
6.3 STREET ADDRESS	Steinback, Barbara
6.4 CITY-ST-ZIP	1460 Monarch Circle

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption provided in Section 110.07(3)(b), 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 addressee.

SIGNATURE: *Theresa Raffaldini* *1/13/95* 813-262-4331
Signature and typed or printed name of signing officer or director Date Daytime Phone #