FILE NOW: FILING FEE IS $61.25

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Feb 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

DOCUMENT # **711769** **(0)**

1. Corporation Name
NAPLES WOMAN'S CLUB

Principal Place of Business	Mailing Address
570 PARK STREET NAPLES FL 33940	570 PARK STREET NAPLES FL 34102-6612

3. Date Incorporated or Qualified: 11/08/1966
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: 34102-6612
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 59-0907298 ☐ 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

9. Name and Address of Current Registered Agent

GILLHAM, BETH
570 PARK STREET
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: ULRICH, LORRAINE
82 Street Address (P.O. Box Number is Not Acceptable): 7653 Ponte Verde Way
83
84 City: Naples FL 85 Zip Code: 34109

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: Lorraine A. Ulrich Lorraine Ulrich, President DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAFFALDINI, THERESA		1.2 NAME		
STREET ADDRESS	248 SPRINGLINE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ULRICH, LORRAINE		2.2 NAME	Ulrich, Lorraine	
STREET ADDRESS	7653 PONTE VERDE WAY		2.3 STREET ADDRESS	7653 Ponte Verde Way	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE	PD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GILLHAM, BETH		3.2 NAME	Pleasance, Peg	
STREET ADDRESS	270 NAPLES COVE DR., APT. 305		3.3 STREET ADDRESS	2465 Kings Lake Blvd	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, JUDY		4.2 NAME		
STREET ADDRESS	750 SOUTHERN PINES DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WORREL, JOHN		5.2 NAME	Buol, Christine	
STREET ADDRESS	2328 PINEWOOD CIRCLE		5.3 STREET ADDRESS	2170 Gulf Shore Blvd.,N #24W	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	STEINBECK, BARBARA		6.2 NAME	Lawson, Janet	
STREET ADDRESS	1460 MONARCH CIRCLE		6.3 STREET ADDRESS	3737 Fountinhead Lane	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Naples, FL 34103	

CR2E037 (9/96)

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: Theresa Raffaldini 2/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068477