FILE NOW: FILING FEE IS $61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90039 002 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **711769**

1. Corporation Name

NAPLES WOMAN'S CLUB

Principal Place of Business	Mailing Address
570 PARK STREET NAPLES FL 34102 US	570 PARK STREET NAPLES FL 34102 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

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

3. Date Incorporated or Qualifed: 11/08/1966

4. FEI Number: 59-0907298 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

ULRICH, LORRAINE
7653 POINTE VERDE WAY
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name: Thomas, Nancy N.
82 Street Address (P.O. Box Number is Not Acceptable): 532 Lake Louise Circle #101
83: Naples
84 City: FL **FL** 85 Zip Code: 34110

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: Nancy N. Thomas, Nancy N. Thomas 1/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	246 SPRINGLINE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ULRICH, LORRAINE		2.2 NAME	Thomas, Nancy N.	
STREET ADDRESS	7653 PONTE VERDE WAY		2.3 STREET ADDRESS	532 Lake Louise Circle #101	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PLEASANCE, PEG		3.2 NAME	Hosker, Patricia	
STREET ADDRESS	2465 KINGS LAKE BLVD		3.3 STREET ADDRESS	4532 Andover Way #H203	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CHAMBERS, JUDY		4.2 NAME	Eileen Steen	
STREET ADDRESS	750 SOUTHERN PINES DR.		4.3 STREET ADDRESS	2216 Gulfshore Blvd.N R3	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUOL, CHRISTINE		5.2 NAME		
STREET ADDRESS	2170 GULF SHORE BLVD #24W		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	LAWSON, JANET		6.2 NAME	Palmer, Anne	
STREET ADDRESS	3737 FOUNTAINEHEAD LN		6.3 STREET ADDRESS	625 7th Ave., No	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Naples, FL 34102	

CR2E037 (11/98)

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: Theresa Raffaldini CR2E037 REQUIRED 1/13/99 (941)262-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #