

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711852 (4)

1. Corporation Name  
**THE WOMAN'S CLUB OF WINTER PARK, INC.**



Principal Place of Business: 419 S INTERLACHEN WINTER PARK FL 32789 US  
Mailing Address: PO BOX 1433 WINTER PARK FL 32790 US

3. Date Incorporated or Qualified: 11/29/1966  
3a. Date of Last Report: 02/09/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5.	59-0951590	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALKER, WILLIAM A., II 250 PARK AVENUE S. WINTER PARK FL 32789				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIARD, BARBARA		1.2 NAME	Bliss, Ruth	
STREET ADDRESS	119 HOLLIE COURT		1.3 STREET ADDRESS	2430 whitehall Cr.	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	Winter Park, Fl. 32792	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFF, MILDRED		2.2 NAME	Secrist, Blossom	
STREET ADDRESS	1329 MEDINA CT		2.3 STREET ADDRESS	200 Caroline Ave #405A	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Winter Park, Fl. 32789	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RUBY		3.2 NAME	Ruff, Mildred	
STREET ADDRESS	102 S INTERLACHEN #407		3.3 STREET ADDRESS	1329 Medina Ct.	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Winter Park, Fl. 32792	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBELL, PHYLLIS		4.2 NAME	Hubbell, Phyllis	
STREET ADDRESS	257 E. CANTON		4.3 STREET ADDRESS	257 E. Canton	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Winter Park, Fl. 32789	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRIST, BLOSSOM		5.2 NAME	Mills, Frances H.	
STREET ADDRESS	200 CAROLINE AVE #405A		5.3 STREET ADDRESS	101 Knicker Rd.	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Sanford, Fl. 32773	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frances H. Mills 1/31/96 407/646-3418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Frances H. Mills Treasurer

CR2E037 (12/95)