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May 07 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 # 711852 (4)

1. Corporation Name

THE WOMAN'S CLUB OF WINTER PARK, INC.



Principal Place of Business

Mailing Address

419 S INTERLACHEN  
WINTER PARK FL 32789  
US

PO BOX 1433  
WINTER PARK FL 32780-1433  
US

3. Date Incorporated or Qualified  
11/29/1966

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-0951590

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Zip Code

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

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 PD  DELETE  
NAME BLISS, RUTH  
STREET ADDRESS  
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE President  Change  Addition  
1.2 NAME Williard, Barbara  
1.3 STREET ADDRESS 100 S. Interlachen # 501  
1.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE VD  DELETE  
NAME SECRIST, BLOSSOM  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VD  Change  Addition  
2.2 NAME MAGEE, MOLLY  
2.3 STREET ADDRESS 4764 Shorecrest Dr.  
2.4 CITY-ST-ZIP Orlando, FL

TITLE VD  DELETE  
NAME RUFF, MIDGE  
STREET ADDRESS  
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE VD  Change  Addition  
3.2 NAME BAKER, SALLY  
3.3 STREET ADDRESS 1718 Demetree Dr.  
3.4 CITY-ST-ZIP Winter Park, FL 32792

TITLE S  DELETE  
NAME HUEBELL, PHYLLIS  
STREET ADDRESS 257 E Canton  
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE S  Change  Addition  
4.2 NAME MILLER, HELEN  
4.3 STREET ADDRESS 624 Worthington Dr.  
4.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE TD  DELETE  
NAME MILLS, FRANCES H  
STREET ADDRESS 101 KRIDER RD  
CITY-ST-ZIP SANFORD FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018306

4/24/97

CR2E037 (9/96)